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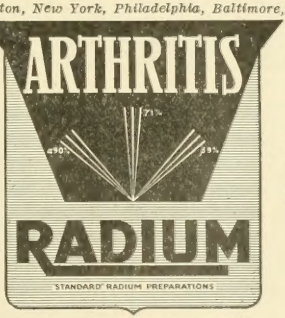

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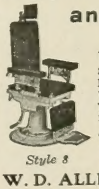

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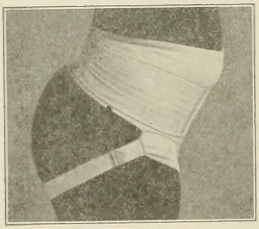

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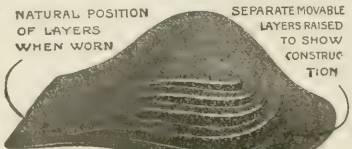

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Vol. VII. JUNE, 1915 No. 12

DOCTOR CONSTANTINE HERING*

A Biographical Sketch

By Herman Faber, Philadelphia

Fully twenty-six years have passed away, since from our midst a man was removed, whom we Germans must acknowledge to have been one of our chief representatives of that German nationality in the Western Hemisphere. A model citizen and patriot, a humanitarian of the noblest kind, a German in soul and mind; once deeply rooted in home soil and richly nurtured by it, to bloom and bring a thousandfold fruit among us here as an American citizen: a pioneer in a great and noble cause, the profession of healing in the best and truest meaning of the term. It is in his memory I pen these lines and attempt to revive and reveal his beloved personality.

If I should produce a sketch of his character, even a faint contribution only, towards a more detailed picture, do something to add to the understanding of him, I shall be happy and consider it a small payment in part for the great boon he extended to me in life, for his paternal friendship for me and the moulding influence thereof, which I most gratefully acknowledge.

Next to this, I consider it well and timely to answer a question which might be raised from one or the other side: why write these lines in English and not in German, as in harmony with the general appearance of our "Pioneer Mittheilungen"? The various reasons are, first, to enable a number of friends and members, men and women of German extraction, who, though they may have lost the knowledge of the German

*Through the courtesy of Dr. Donald Macfarlan.

tongue, still retain and show a more than passing interest in the past and appreciate the origin and doings of their German sires, to readily peruse these lines. We owe to them whenever it is indicated, and for our own advantage, the knowledge of what we are doing recorded in the English language. It is even a duty in consideration of a generous donation of the late Mr. Sauer, expressly made with the condition to publish from time to time in English, or give English translations of German written communications.

Another reason assigned is that Dr. Hering's life work extended greatly and principally to and among the English speaking public. Among them he found a great number of faithful students, admirers and trusting patients. As to the interest taken in the Doctor's memory and his labors, they come in for a large share of consideration. Among the Germans we find only a small number of homœopathists.

As Hahnemann, together with his newly discovered system of healing, was driven from home by short-sightedness, jealousy and tyranny, to ask safety for himself and his profession among the French, so was Dr. Hering destined to transfer his life's work, his scope of usefulness, into a foreign land, disseminate his teaching mainly in a foreign tongue. (Among our Germans, strange to say, he was, with few exceptions, rejected in his medical calling, and on the whole accounted a medical dissenter and as such little more than a curiosity. Explain, contradict, if you can.)

Constantine Hering, born January 1st, 1800, in Osthatz, Saxony, the son of Magister and Cantor Hering, passed his school days there and in Zittau, studied medicine in Leipzig, and surgery under Prof. Roby, who had established a great reputation during the Russian campaign of 1812. Young Hering was called upon by Roby to engage in a controversy, to combat and presumably to defeat the then newly proclaimed theory and teachings of the system of homœopathy by Dr. Samuel Hahnemann, and he grasped the task, a work of distinction, and expected to bring high honors to him, with his usual zeal and alacrity. The result was contrary to his and others' expectations.

In the course and progress of an honest examination of Hahnemann's new theories, practical tests, the most forcible one being the preservation of Hering's arm, and probably his

life, threatened by poison owing to a dissecting wound acquired in progress of a postmortem examination, he turned into a diligent student of Hahnemann's proclaimed doctrine, "Similia similibus curantur."

With this unexpected outcome a sorrowful time commenced with our student. Cajoling, bribing, and finally the withdrawal of a stipend which up to that date had helped him to pursue his studies, would not avail with him nor change his dictum. "I lived for a good while on black bread and milk," he told me. True to his newly gained conviction he proved: weathered all adversities, overcame all obstacles, and finished his seven university courses.

Here follow Dr. Hering's own words, in a pamphlet called "New Hatchels," published by A. Winbruch, Leipzig.

"I was at that time employed in writing against homœopathy, and when I declared my intention to make the experiments, I was warned by the apothecary in Leipzig, in whose good graces I stood and who had given me many a handsome specimen for my pharmacological collection, of the danger a young man exposed himself to under such circumstances, the risk of falling into a trap, and the almost inevitable chance of ending in self-delusion. At these well meant admonitions I probably turned up my nose, but when, after carefully examining into the matters, I found there was something in it, something that could not be refuted, my book remained unpublished, and with the renewed violent outbreak against Hahnemann which occurred at the time, I had much to suffer, even the pangs of hunger. I had come near dying myself, that horrible death to which so many physicians have fallen victim. I was called upon to make a postmortem in the case of a suicide whose body had been taken from the grave, because others were afraid to undertake the work. Through working too long among the poisoned entrails, a cut on my finger which had scabbed over became denuded, partly through washing my hands in hot water and soap; infection set in, and in a few days my finger began to mortify. I was enabled to study the disease against which leeches, calomel and hell stone proved powerless. Amputation I declined, because the loss of my first finger would have seriously embarrassed me in the practice of my profession. So deeply incredulous was I at that time of the action of remedies applied internally and espe-

cially in external diseases, that it was with difficulty a pupil of Hahnemann persuaded me to take the ridiculously minute doses of arsenicum. When the various symptoms of recovery from this terrible affliction began to pervade me, there vanished the last obstacles interposed between my eyes and the rising sun of the new healers. The finger is still my own, it is the one with which I pen these lines. To Hahnemann who restored it was given the hand, even more, the man, body and soul. His teachings had not only been the means of saving my life, but new life filled my very soul." (The writer of the present sketch has tested this remedy, arsenicum, under similar conditions on his own flesh in Washington, and can thus testify to its efficacy.)

From Leipzig our student Hering went to Wurzburg, studied there with the celebrated Professor Dr. Schonlein, and obtained his degrees of Doctor of Medicine, with the highest honors, in 1826.

The following preamble is printed in Latin on the cover of C. Hering's Dissertation: "Johann Lucas Schoenlein, Dean pro tempore of the gracious order of physicians, Doctor of Philosophy, Medicine and Surgery, and public professor in ordinary, etc., etc., with all due courtesy, invites the noble vice-rector of the Academy, the senate of fathers, the professors of all grades, the academic citizens, finally, men of letters and the patrons of letters, to a public disputation, to be held March 22, 1826, at 9 a. m., by the very noble, illustrious, and learned man, Mr. Constantine Hering, Saxon, under the presidency of Caritanus Textor, Doctor of Philosophy, Medicine and Surgery, Aulic Councillor to the August King of Bavaria, and public professor in ordinary, etc., etc., for the purpose of duly obtaining the highest honor in Medicine, Surgery, and Obstetrics." Then follows the text of the Dissertation, the candidate's subject being "The Medicine of the Future."

In the same year he took a position as instructor of Natural History and Mathematics in the then celebrated Institute of Blochman in Dresden. Upon the recommendation of Blochman, he was sent by the Saxonian Government with his friend, Weigel, on a scientific expedition to Suriname. He took charge of zoological, and Weigel of botanical researches. There, without any neglect of his official duties, he labored in his medical field among Indians, Negroes, and Whites, in the

midst of cholera and leprosy. Reports concerning articles published in scientific journals, denunciations, and so forth, caused for him displeasure with his Home Government. He was reprimanded, and warned to abstain in future from the further practice of homœopathy. Much disliked and totally discountenanced in his home and consequent reports concerning it, he resigned his position as an official of Saxony, and established himself in Paramaribo, a physician in the midst of a German Moravian Colony.

In 1832 he conceived the idea to go to the United States, much against the will and entreaties of his Moravian friends. They were much given to Bible tipping, and resorting to their favorite practice to divine the outcome, in their dilemma they fell upon the passage Matthew 25, verse 21: "Well done, thou good and faithful servant, thou hast been faithful over a few things, I will make thee ruler over many things: enter thou into the joy of thy Lord." They saw therein the will of God and allowed him to depart in peace. He left for their use a manuscript, the skeleton of his later "Haus Artzt" ("Domestic Physician"), published for the first time in German, at Allentown, Pa. This work, begun as mentioned, passed afterwards through fourteen editions in Germany, seven in America, and two in England. It was translated in French, Spanish, Italian, Hungarian, Danish, Swedish, and Russian, a popular work of 450 pages, containing a list of sixty-six remedies, together with the symptoms of diseased conditions to which they are applicable.

January, 1833, Dr. Hering landed on a Sunday morning in Martha's Vineyard, delighted after six years to see snow again, and came to Philadelphia. Anxious as he always was to build homœopathy upon a strictly scientific basis, he with others, the Homœopathic Society of Northampton Co., Drs. Wesselhoeft, H. Detwiller, and F. Roming, established the North American Academy of the Homœopathic School of Instruction, located at Allentown, with Dr. Hering as President and principal instructor, April 10, 1835.* The work then begun miscarried in the financial crash of 1837. The banker with

[*Under date of March 24, 1915, Dr. John J. Detwiller of Easton, Pa., and Honorary President of the Institute wrote: "My father came from Switzerland to the U. S. of America, to Hellertown, Pa., and built the first Homœopathic College in Allentown, Pa., with the aid of Dr. Const. Hering, Dr. Charles I. Martin and others. My father made very many converts, etc. I attended Hering's private instructions as long as he lived in Allentown. I still continue my interest and practice of medicine and surgery."—Editor.]

whom the endowment fund was deposited, failed. The buildings were sold, and the teaching of homœopathy in America for a time came to an end. Dr. Hering then continued to practice in Philadelphia, and being indefatigable in his labors, he wrote books and pamphlets, and gathering clergy and professional disciples around him, became the Pillar of Homœopathy, as which he is known. He was the author of a great many books and treatises, his last being a work of ten volumes, "Guiding Symptoms of our Materia Medica." In the midst of which his active career of life ended July 23, 1880.

On New Year's Day 1800, Magister and Cantor Hering of Osthatz sat in his organ loft. The service had ended and he was preparing to dismiss the faithful ones in sweetly conceived melodies. A friend stepped up, and gaining the Cantor's ear, whispered, "It's a boy, neighbor." Then it is said the happy father and Cantor pulled all the organ stops, and through the church aisles and along the arched roof thundered forth in mighty chords the beautiful old hymn, "Now thanks be to the Lord" ("Nun danket Alle Gott"). But outside, another neighbor and well wisher of Magister Hering undertook to inform the public at large. This man removed an advertising sign from a grocery shop, a contrivance resembling a fishing rod, a fish dangling at the end of the line, and neatly painted and inscribed thereon the legend, "Fresh Hering." He transferred it to the Cantor's house and securely fastened it between the window shutters. It confirmed the news we already received: "It's a boy, neighbor."

The son of Magister Hering of Osthatz (Magister, the equivalent for our modern Doctor) and Cantor, to whom our German people owe the chief treasures of children's and nursery melodies, of whom the son always spoke with great reverence, and of a pious mother never mentioned but in terms of unbounded affection, he received a very careful education in house and school. Men of note went in and out at the Magister's. Dr. Hering mentioned among others, Seume, the poet, who fought among the Hessians in the war with the North American Colonies: "He let him ride on his knees and could tell so many nice stories": also Chladni, the Hungarian, with his account of his discovery concerning the waves of sound and sound figures.

In the years of his early boyhood there fell the days of Germany's greatest misery and political decline, and many vivid recollections he retained. A troop of French soldiers on their march to Russia passed his home and clamored for bread. Mamma Hering gave a loaf to her son to carry to the roaring crowd. They took it from the child, flung it in the miry road, and kicked it about. The boy looked at the scene in terror, and shaking his little fist at the evil doers cried, "It is good bread, Mother baked it, and God will punish you for that." He remembered the days of Jena and Auerstädt, also the fresh battlefield of Leipzig, and later Waterloo. The twelve or fourteen years of the early nineteenth century were truly years which tested men's souls to the utmost. To break French tyranny, to clear the land of the ruthless French hordes and their allies, of foul murder and rapine, to accomplish that herculean task, was not only the work of the death-dealing bayonet, the well-directed ball, the crushing blow of the butt of the Pomeranian rifle, but it was also to a great extent the work of our German schools and school masters, universities and university professors, who had taught the youth of those days of misery, love and self-sacrifice for the "Vaterland." "Morituri te salutamus."

If Magister Hering allowed no opportunity to slip, within which to cultivate the child's intellect, leading him to observe carefully and judge rightly, introducing him into the study of mathematics, history, and natural philosophy, his pious mother filled his heart with a deep religious feeling, Christian in faith and conviction, which sustained him well in life and produced manifold and abundant fruits.

Within the years from 1806 to 1817 fall the school days; from 1817 to 1826 the university studies. The curriculum, the requisite preparation for the university in those days, comprised the study of the classics, Greek and Latin and ancient literature, to form a safe basis for any afterwards chosen profession. The liberal education thus acquired pervaded our student with humanizing influence. He learned to see the world in a sunny light, within which his at all times appreciating nature often kindled into enthusiasm, whether in hearing a Volkslied, a choral, or a fugue of Bach, in viewing Raphael's Matre del Sisto or an Apollo Sauroctonos, or while perusing the Iliad or Nibelungen. Whoever will consider

the worthy Magister Hering of Osthatz, his position and the remuneration attached to this office, the times very unpropitious, may well suppose that baby Constantine was not born with a gold spoon in his mouth. Frugality universally practiced in those days, and industry, were early inculcated in the boy, who, when at the University soon acquired among his fellow students the soubriquet "Wisent" ("Buffalo"), German "Büffel," the thence derived verb "buffeln" meaning close application to studies of a given "pensum." Kant's axiomatic philosophy, his categorical imperative, the young man's favorite study of mathematics, of natural philosophy (then for the first time scientifically treated and taught by Oken in Göttingen), joined to an inborn power of keen observation, careful meditation, and strict logical judgment, were all qualifications which fitted him well for the chosen study of medicine, and finally for a follower and establisher of Hahnemann's teachings of true homœopathy.

[To be continued]

COLLEGE ADMINISTRATION—MONARCHICAL OR DEMOCRATIC?*

By W. Henry Wilson, B. S., M. D., Chicago.

In recent years industrial and educational administration in America have both shown an imperial attitude. The smaller units of activity and initiative have been crushed out or absorbed by the larger. Where a few years ago there were hundreds of minds engaged in the development and management of small enterprises, management now is limited to a few, and the majority are reduced to the servant class.

In the medical educational world there have been at least three forces at work destroying the small units, standardizing all and reducing education to the dead level of a fixed standard. These are state examinations for licensure, the Council of Education of the A. M. A., and the Carnegie Foundation. The first of these has devitalized and embalmed the medical curriculum, the second has taught and practiced monarchical methods and the third has treated the opinions of the educational world outside of its own group with a scorn which belong to infallibility alone.

*Read before the College Alliance, Chicago, Feb. 17, 1915.

This reversion to imperialistic methods suggested to me that the study of our internal college administration from this standpoint might not be profitless.

Before proceeding farther, let me indicate the sense in which I am using the terms. In the monarchical type of administration the church or state, or both, are the central units. The individual human exists for them and belongs to them. His body belongs to the king and his soul to the priest. One has furnished him with a hell here, the other with one hereafter. The imperialist looks upon humans as so many cattle to be utilized for his use. They are assumed to be useful as servants, but worthless as originators of enterprise. Control is placed in the hands of the few. The individual units should obey, not think and not plan. Army organization and discipline are perfectly monarchical in type.

The democratic type assumes that the government belongs to the people and not the people to the state; that the human unit is the fundamental unit in the interpretation of all administrative measure. As John Stuart Mill has well put it: "In proportion to the development of his individuality, each person becomes more valuable to himself, and therefore capable of being more valuable to others. Persons of genius, it is true, are, and are always likely to be, in a small minority, but in order to have them it is necessary to preserve the soil in which they grow."

From a democratic standpoint schools and governments are properly conducted when they benefit the ultimate units of society. The democratic idea recognizes the fact that brains and constructive ability constitute real executive ability. The monarchical system puts a premium on the vulture qualities.

Recently the Canadian Pacific Railway appointed spotters, not to catch offenders, but to detect talent in employes which would otherwise be overlooked. This is a practical recognition of the fact that men of genius do not blow their own horns.

College administration may be considered under four heads, the Board of Trustees, the Faculty, the Students and the President.

We will consider the trustees first. In America we have at least three classes of colleges, the privately owned and endowed, the ecclesiastical and those owned by the commonwealths. There are three corresponding methods of electing boards. In the first the board is usually a close corporation, the members' successors being elected by the board itself. In the second group, the mem-

bers of the board are chosen by the church to which the college belongs, or sometimes by the alumni. In the state institutions there are two general plans. In one group of states the trustees are elected by the people a few at a time. In other States, as Wisconsin, Minnesota and California, the regents are appointed by the Governor.

The trustees control an institution's property and investments, legalize the acts of the faculty, confer degrees, determine salaries, accept or reject the annual college budget prepared by the faculty. In the last analysis the control of the college resides absolutely in the board of trustees. While the legal body thus possesses the full authority conferred by law, it is a less important body for carrying on the purpose of the college than is the faculty.

A board may be monarchical or democratic.

A monarchical board is one which chooses new faculty members without suggestion or nomination of the faculty. Formerly the president and board did this arbitrarily. In a democratic administration the nominations for members originate in the faculty. This is as it should be. A faculty should be self-governing and should say who shall or shall not be in the college family. Any other course will produce friction and inefficiency. Any other course will destroy enthusiasm.

The faculty and the trustees are in a sense coördinate bodies. They work together for the same result. In some particulars one is superior to the other. "In a sense the trustees are superior to the faculty, for they have the power to create or remove, to approve or qualify. In another sense the faculty is superior, for the faculty represents the working force of the college, which immediately and constantly performs the duties to promote which the college exists."

I come to a discussion of the faculty with bowed head, for here we have the real imperialists. Here all the individual units are monarchs in their own right. If any college in the Alliance has a member of its faculty who could not run the college office better than it is being run, who could not be better president than the present president; who could not run the hospital better than any is being now run, and who could not conduct the other departments of the college better than they now are being conducted, such a man should be exhibited at this meeting.

The democratic administration of the duties of a medical faculty should include the following:

The finding out by the dean of the special worth or talent of each member of the faculty and the giving to that member the best chance to develop his special talent.

By means of reports and discussions and personal effort, to make every department cognizant of the worth and work of every other department and stop the present jealous and ignorant underrating coworkers.

The dean should keep all members of the faculty informed on all the important activities of the college and of the important educational and legislative movements that have a bearing on the work or on the future of the college. This will develop enthusiasm and loyalty, and prevent distrust of the officers.

The college includes the board, the president and the students, as well as the faculty. All these are a unit. Therefore college activities other than teaching should be encouraged to develop this unity.

Medical college teachers should be relieved of many of the burdens and responsibilities which they now have, if we are to have efficient service in the new sense. There is no other business in the world that so overworks its employes as colleges; and I might add is so wasteful of time and property.

Every member of the faculty should have some part in the administrative work, or distrust and jealousy will certainly develop.

Student government.—In 1674 a student of Harvard College was publicly whipped for using blasphemous words. The performance was opened and closed with prayer. The sentence had been twice read publicly to all the students. The President prayed, the victim knelt and ten blows were given. In addition to this he was suspended from taking his bachelor's degree. In those good old days there were more than half a hundred offenses listed with the amount of the fine attached to each. Among the offenses were the following:

	£	s	d
Absence from prayers	0	0	2
Profanation of the Lord's Day	0	3	0
Absence from public worship	0	0	9
Neglecting to repeat the sermon	0	0	9
Going out of college without proper garb	0	0	6
Lying, not exceeding	0	1	6

A modern student would have been bankrupt by the end of the first month.

From that period until recent years, the government of students in our country has been monarchical to the last degree. In the schools under ecclesiastical domination, it is still so, and also in some of the medical colleges. In the large universities it has become more and more democratic with a corresponding decrease in student disturbances. We have come to recognize the fact that we are dealing with men and women who respect us, and who, in turn, are entitled to respect. In former times, faculties were converted into trial courts with all the formalities of a legal body. The student was treated as if he fitted the ecclesiastical definition of God—a being without either body, parts or passions. Diplomacy, fair dealing and frank dealing have been the watchword of the new method. Autocratic, dictatorial and forceful methods spell failure. A faculty and college officers who are not on terms of intimate friendship, and who do not command the respect of a student body, instead of its fear, are a failure.

The college president.—A man who was offered the presidency of a college some years ago agreed to accept on condition that he could go in swimming with the students every day. The ideal democratic college president goes in swimming every day, not only with the students, but with the faculty and the trustees. It has been said that every successful college president acquires the reputation of being a liar. This is probably true, because in reconciling the various factions, some trouble starters will be disappointed.

There have been three kinds of college presidents, representing three periods in our educational history. The first presidents were clergymen. This period lasted until about fifty years ago, when we entered upon the scholastic period. This second group was represented by such men as Horace Mann, Eliot, Hadley and Angell. We have recently entered upon a period in which men are chosen for their executive capacity interpreted in terms of modern financeering.

The college president is the coördinating force of the college. If he is democratic, he will be able to get on with men whether they are in the board, the faculty, the student body or the alumni. He needs largeness to deal with the board, youth to deal with students, and common sense to deal with the public. He should

possess both the power of leadership and of inspiration. But above all other things he must be a good fellow.

The practical points of a wise college government.

1. Students should be dealt with as men and not with the dishonesty and unfairness generally dealt out to children. Forceful measures should be avoided. The care of the students should create a positive affection for their alma mater greater than for any associated activity.

2. Every member of the faculty should be kept informed of the work of his own department, of the work of the other departments and of the advances made by other institutions. To attain this every department should have monthly meetings; every department should make an annual report to the whole faculty of what it is doing, what progress it has made and what are its plans for the future; and finally, no man should be advanced to a position above a lecturer who has not made special preparation for his work in some college offering exceptional opportunities.

3. A medical college should be the central unit of a group of medical units, such as a group of hospitals, research laboratories, social service, etc., and not a mere teaching institution. Medical teaching and instruction in all its phases would then secure the services of presidents of the broader type.

4. The medical college building should be as much a club as a college. Private study rooms should be provided for the faculty members, meeting rooms for departments and a larger room for the faculty meetings, board meetings, and joint meetings of these two coördinate bodies.

5. The constitution of a medical group of units or of a medical college should definitely prescribe the final jurisdiction of the board of trustees and of the faculty, and should prescribe with equal definiteness what acts or functions shall be illegal without the concurrent action of both bodies.

6. The principles of scientific management should be applied to all divisions of school administration, and I would recommend that the Alliance study scientific management and its application to medical colleges.*

*President Thompson's discussion of Dr. Wilson's paper is published in the Minutes of the Alliance, *J. A. I. H.*, May, page 1383.

DAMAGED PELVIC JOINTS*

By Mary Elizabeth Hanks, M. D., Chicago

The general belief that the pelvic joints are immovable was disproven only a few years ago, by Goldthwaite of Harvard. It may also be said that until he made his conclusions public, little was known of the physiologic and traumatic lesions of the pelvic joints, though an occasional obstetrician grew suspicious when the changes produced by pregnancy became so exaggerated that the patient was a good deal disabled.

To the general practitioner, the subject is still more or less a new one, and I wish to call attention in a practical way to some phases of the subject which is growing more and more important to the gynecologist. I believe that many of the cases suffering from damaged pelvic joints are conundrums and are either overlooked entirely or are not understood when found. I further believe that the general practitioner and the obstetrician are responsible for the prevention, the early diagnosis and the cure of the majority of these cases.

In the following discussion I shall confine myself to the physiologic and traumatic lesions of the pelvic joints, although in passing, it may be well to emphasize the fact that many times these lesions have been mistaken for tuberculosis. It is also true that ostearthritis from tuberculosis or other infections is not infrequently grafted upon these neglected joints, with resulting ankylosis.

A study of the pelvic joints convinces one that excess motion in the pubic articulation is almost impossible without undue motion in one or both of the sacro-iliacs and that the pubic joint is much less important in maintaining the equilibrium of the pelvis. Probably it may be accepted as a working hypothesis that injury to the pubic joint is secondary and results from abnormal mobility of one or both of the sacro-iliacs. It has been claimed that pelvic joints are more liable to injury than any other of the entire body because of their anatomy and relationship. The claim is supported by the following facts: (1) The bones are simply in apposition, therefore easily displaced; (2) The interbone surfaces are nearly smooth and the strength of the joint depends almost entirely upon the ligaments and neighboring muscles; (3)

*Read before the Obstetrical Society of the A. I. H., 1914.

The position of the pelvis between the torso and the legs renders it more vulnerable to blows and impacts direct or indirect.

When we speak of a displacement, or dislocation of the joint, it must be understood that there is not often a wide separation of the articular surfaces. The x-ray does not always reveal a deformity, but the bones slip enough so that irritation of the interbone surfaces results, or so that their relation is disturbed, which, in turn, disturbs the relation between other structures. When the strength and stability of the joints are disturbed, the pelvis tilts and the whole body is thrown out of line, which necessitates a constant muscular effort to maintain the equilibrium of the body and leads to prostrating fatigue and a state of general ill health which to the inexperienced may seem to be out of all proportion to the physical findings. The muscular strain and fatigue are communicated to the muscles of the back, of the thighs, and even to the feet. The relation of the feet to the back is a very close one, and weakened arches, or flat foot, are found in many of these cases. More than that, the large nerves which pass over the sacro-iliac joints are frequently irritated, as can easily be understood. Branches from the sacral plexus and from the lumbar plexus cross the sacro-iliac synchondroses.

Etiology is either physiologic, traumatic or postural.

Physiologic:

(1) Pregnancy. The liberal blood supply during pregnancy softens and relaxes all pelvis tissues including the joints. Sometimes the pendulous abdomen adds weight, and labor puts an additional strain upon the ligaments and the yielding joints. (2) Menstruation. The period is a repetition of the processes of pregnancy except to a less degree and of shorter duration. Abnormal relaxation of joints may result if congestion is excessive, and this causes pain and fatigue from walking or standing. (3) The atonic condition following severe depleting illnesses and delayed convalescence.

Traumatic.

(1) Direct blows to pelvis, as from falls. (2) Twisting the back as in slipping. (3) Strains, as by lifting heavy weights or by lifting at a disadvantage. (4) Prolonged anesthesia on a flat table with complete relaxation of muscles without proper support to lumbar spine.

Postural.

(1) Occupational necessity or faulty position at desk or

tables. (2) Faulty dress, incorrect shoes, and the latest fashion of standing on one foot with the Cupid's bow curve of the body.

Symptoms:

Pain, in great variety, is a common symptom. It is worse from prolonged use of muscles which pull on the joints, as stair climbing or long maintained postures, and is better from pressure. Pain is generally worse on the affected side if the joint is inflamed, though it is not always at the point of injury, but is referred to the area over which the irritated nerves are distributed. Hence, since the nerves in these cases are distributed along the back of the thigh to the leg, an inveterate sciatica is common. A very large per cent of the cases of sciatica is due to sacro-iliac relaxation. A recurrent "lumbago," a "catch in the back" or "rheumatic" knees are also symptomatic. Pain is often reflected through the gluteal region, into the ischial tuberosity, into the hip joint or into the right lower abdomen, simulating chronic appendicitis. The painful point may be slightly lower than McBurney's. The accessory obdurator nerve (which Quain says is present only in one-third of bodies dissected) accounts for the "appendicular" pain. Pain may be referred along the entire spine, but especially between the shoulders and in the back of the neck.

Sleep is interfered with. The patient complains of discomfort or pain in the back which often awakens her. She cannot get comfortable. Turning in bed is painful. She is glad when it is time to get up. She "gets up to rest." These continual disturbances of sleep lead to nervous conditions, exhaustion, anemia, rapid heart, etc.

"*Growing pains,*" the slipshod diagnosis often applied to the legaches and backaches in children, are many times due to weakness of one or more of the pelvic joints. They are generally worse at night, and may cause a crying out, very like the "night cry" in tuberculous hip joint. The worn-out appearance of the child may warrant apprehension.

Physical Findings:

At times the joint is acutely swollen and may be easily palpated. The lumbar muscles become prominent. The normal curve of the spine is lessened until later it is obliterated. The flat back is typical in a case of long standing. After years a lateral curvature of the spine is not an uncommon result.

Goldthwaite emphasizes certain characteristic attitudes and habits of standing and walking which I summarize:

(1) On stooping, trunk is held straight and rigid. Difficulty in assuming the upright position after stooping, especially if posture is long maintained. (2) On rising from a sitting posture, the hand, or hands, often support the lower trunk or are placed on the knees. (3) In walking there is no spring or elasticity. The free movements are eliminated. There is no stride. In acute cases, great care is taken not to jar the joint. In chronic or extreme cases the rolling gait is typical, and there may be a distinct limp. Owing to the inelastic hamstrings, long steps are impossible. (4) The trunk is usually inclined away from the worse side. (5) Difficult bending of the body forward when the knees are extended. The hip motions are painful and limited. They become free when the knee is flexed. This obtains whether the patient is lying or standing. (6) Apparent shortening of one leg is often found.

Gynecological Observations:

My experience in gynecology has convinced me that relaxation or subluxation of the pelvic joints causes neuroses of the pelvic organs, excessive congestions, and, in long standing cases, degenerative changes. The reverse is true; chronic congestion and pathologic lesions of the pelvic organs cause relaxation of the pelvic joints, much the same as in pregnancy or menstruation. Thus, a "vicious circle" is established, and a cure does not result until a treatment is instituted in which cause and effect are included.

The pelvic examination elicits pain along the line of the sacro-iliac synchondrosis. The tissues throughout the pelvis may be sensitive. One case of vaginismus resulted from a joint injury. The most common pelvic lesions are: (1) Ovarian enlargement, with thickening of the peri-ovarian tissue. Late in the case the ovary may undergo degenerative changes. (2) Uterine displacements, owing to the tilt of the pelvis, may be found which, if long continued, lead to excessive congestion and degenerative changes. (3) Dysmenorrhea of the most intractable sort, may be due to strain, relaxation or slight displacement of the sacro-iliac joint. The main symptom is an intolerable backache usually worse on one side.

Obstetrical Phase:

As I have pointed out the pelvic joints share in the general

preparation for labor. Were it not true, the story of labor would be even more tragic. This stretching of the ligaments is a normal physiologic necessity, and later when the excess blood supply is cut off, the ligaments and joints should share in the general repair. But about one-third of my cases date back to pregnancy.

The convalescent history is clear. Fatigue on walking, backache, too long continued lochia, too early return of the menses, slow involution or subinvolution, and general debility. In my opinion the main causative factors are: (1) The upright position is assumed too early. The heavy uterus takes a low position in the pelvis which puts weight on the weakened joints. Many patients are allowed to sit up in one week, and perhaps to walk about the room. The majority sit up in ten days. Obstetricians seem to be competing with each other in this regard. Sometimes when I ask the patient how she recovered from her last confinement, she says, "Splendidly, my doctor let me up in a week." This throws light upon the case as it later develops. (2) The abdominal band is omitted when it should be used. When used it should accomplish two things,—support and immobilize the pelvic joints, and lift the abdomen. A narrow strong band extending below the trochanters and pinned tight would accomplish much toward perfect recovery. (3) Faulty posture while in bed. The convalescent should be encouraged to lie on the side or on the face. This favors pelvic joints as well as pelvic viscera. If the patient much prefers the supine position, a small pillow to support the lumbar spine is a comfort and a help. A pillow under the knees relieves the strain from the pull of the "hamstring." (4) When the patient sits up she should sit erect. The body and the legs should form a right angle or less. It is usually better to sit in a chair. (5) In dealing with a multipara or with a pendulous abdomen, a snug well-fitting band should be worn not only for several weeks before labor, but afterward, until the joints have entirely recovered.

Prognosis:

Recovery is influenced by the severity and extent of the injury, the chronicity of the case, the weight, the age, and the occupation of the patient. A young person of average weight with an acute injury, not extensive, nearly always recovers under prompt and intelligent treatment. Relapses occur often enough to emphasize the need of serious consideration.

Treatment:

The first thing I generally do is to apply to the lower spine several strips of adhesive plaster so that the joints are limited in motion. Unless the strips are put on very tight they are useless. Immobilization is impossible, but the immediate relief to the patient from the limiting strips is gratifying. The same principle applies here as in the treatment of a sprained ankle. In a recent case where the injury is limited to a strain, with no marked traumatism of joint, or displacement, the strips applied for several weeks are curative. Sometimes one application is sufficient.

If subluxation results from extreme relaxation, it is necessary to get the surfaces in apposition. This is not always a simple process and I cannot discuss it fully and intelligently here, but relief is often obtained by placing patient flat on the back, exactly straight. If the heels are not even, and one leg seems longer than the other, firm extension of the shorter leg with upward pressure on the longer one will tend to bring the bones of the pelvis into better relation. Then have the patient turn carefully on the face and strap the back firmly, including the sacro-iliacs and the lumbosacral joints.

Lace-in front corsets are a great aid if tight around the pelvis and loose over the abdomen and waist line. This is accomplished

FIG. 1.

FIG. 2.

by two lacings, one for the upper part of the corset, the other for the lower. The re-inforced corset (Fig. 1-2) is used by some orthopedists and in several of my cases it has given much relief.

If the case is chronic and the deformity is considerable, the

above measures are only a relief. In these cases, more systematic treatment is required and a more permanent support is necessary. The Goldthwaite band, or some modification of it, is very useful. In some of my cases, a band made to suit individual requirements has given good results. It may be worn under the corsets—or when the corset is left off.

FIG. 3.

If the case has developed spinal deformities, especially the lateral curve, an extension brace applied to the spine is rational and very helpful. The Banning brace was a pioneer in this line and one of the best. Some modification of the Banning, made to suit the patient, has given me excellent results (Fig. 3). An apparatus of this nature, first of all, must be comfortable, must insure perfect poise of the body, and must not be worn constantly, or the muscles are robbed of their responsibility and the patient restricted too much for normal repair. In severe cases the extension brace should be worn for an hour or two in the morning and at night, and the band or the reinforced lace-in-front corset during the day to prevent pain and fatigue and to retain the position effected by the brace.

I have received valuable aid from intelligent osteopathy. A poor operator or one who is not expert in this particular work, makes a bad matter worse. In my opinion, osteopathy alone does not give satisfactory results unless the adjustment is immediately followed by some supporting appliance. The more a joint is manipulated, and the more often it slips out of position, the more relaxed the ligaments become.

Exercise is extremely important. It is the constructive part of the treatment. The story is a long one and cannot be told here. On general principles, however, the exercises that strengthen the gluteal and back muscles are the most helpful. Exercises that strengthen the abdominal muscles are contraindicated and in most

cases aggravate the condition. (Dr. Collin—Harvard.) Patients should be taught to do things "on the square,"—to sit, walk, lift and work in the right ways. This instruction is imperative.

The following cases are illustrative:

1. Young woman aged 17 years. The patient had fallen from a hammock a year before, and "felt something give way." No importance was attached to the accident. Later Dr. X had made the diagnosis of appendicitis and ovaritis and advised operation. I found a typical case of sacro-iliac relaxation and displacement on the right side. The treatment consisted of replacing the joint the best I could, and repeated strapping. This was re-inforced by a lace-in-front corset. The case was apparently cured.

2. Woman, aged 33, weight 175, gave birth to a child three years ago. She felt so well at the end of a week that she was allowed to get up. From that time on she made slow recovery. Characteristic symptoms were circumpelvic pain, much legache and weakness, with inability to walk. Menstruation was resumed in six weeks. She was so tired and run down her doctor advised weaning the baby. Examination revealed the uterus retroverted, large, tender. There was a copious mucopurulent leucorrhea. Both sacro-iliac joints were tender, also tenderness of the lumbo-sacral joint. Straps relieved. The modified Goldthwaite band re-inforced by lace-in-front corset, gave relief of many symptoms and marked improvement of general health. Owing to retroversion, cure is delayed, but the prognosis is good.

3. Woman, aged 45, playing tennis, jumped for the ball and came down on the right foot heavily. Felt twinge of pain in the right sacro-iliac, which was followed by lameness and soreness. A week later, she thought she had appendicitis; could not come to the office. Examination over the joint revealed swelling and tenderness, reflected pain into the right abdomen and down anterior thigh. The back was strapped and patient kept in bed two days. On the third day she came to the office and announced herself cured. This case may recur later, owing to the weight and age of the patient.

4. Mrs. M., operated upon for appendicitis. The diagnosis was apparently well established by myself and the surgeon. The operation showed no inflammation of the appendix, but a general congestion of the abdominal viscera on the right side, including intestines and appendix. Recovery from operation "uneventful." Patient went home, but could not get about easily. After one

month she could not walk except with great pain and difficulty. Then I got a convincing history. She had fallen off a sled while sliding down hill with her children, one month before the first attack of "appendicitis." I have been treating her successfully since,—and she knows the whole story.

5. Patient, extremely ill with erysipelas, was flat on her back for one week owing to swollen ears. Later, when she tried to get about, symptoms of sacro-iliac relaxation with displacement were abundant. One day the patient became impatient when she could not straighten up. She gave her right lower spine several hard raps with her fist, which immediately "cured" the case. The limiting adhesive strips did the rest.

6. A little girl of six years, delicate, but "generally well." Her mother brought her to me telling of a diagnosis of "growing pains." She tired easily at play, slept poorly at night with moaning and crying out. She was getting thin and had lost her good disposition. A pelvo-abdominal support for a few weeks with corrected shoes and instruction regarding posture, etc., resulted in complete cure.

Discussion

Dr. Gilbert FitzPatrick, Chicago: I think the Doctor has opened for discussion a very interesting subject, a condition to which many of us have never given any real thought. Probably we have often wondered why some of our cases with backaches, sacro-iliac distress and pubic pains, have not responded to the usual form of treatment. It is a very important subject, and will receive more consideration in the future than it has in the past. We shall be glad to have the paper thoroughly discussed. Dr. Howard, of Boston, who makes a specialty of this work, is present, and I am sure we shall all be pleased to hear from him.

Dr. Alonzo G. Howard, Boston: This is a subject in which I am interested, because my work is confined to orthopedic work. We get many patients with sacro-iliac or sacrolumbar strains due to hard confinements. Ninety per cent of such patients would never go to an orthopedist at all, if the obstetrician would realize the necessity of applying suitable support after confinement. Obstetrical bands have gone out of style. Frequently they were applied so loosely around the abdomen and hips that they would slip up around the breasts. There is nothing we can do for a patient after confinement that will give as much comfort as a tight pelvic band, applied with perineal straps to prevent it from working upward. Just why these bands were discontinued I do not understand, but if they are applied properly they will give great comfort, and will control any slight sacro-iliac or lumbar strain.

The cases that come to me, aside from those caused by strain at the time of delivery, are mostly in neurasthenic people, and in men of sedentary occupation. One of the most severe cases I ever had was in a man who was folding the legs of a card table. He felt a pain in his back and something gave way, and he was unable to straighten up. He had manipulations and massage for a period of two weeks, and when he came into my office he was stooping forward, unable to straighten up, and was using two canes. In that case I applied a plaster of Paris corset or hip jacket. I do not believe that in the majority of cases there is any displacement at all. I think the osteopaths make a great deal of that. There is simply relaxation of the ligaments. If you will look into it you will find that this part of the body is poorly supported. There is no muscular support; it is a ligamentary support. Dr. Hanks has spoken of a sprained ankle. If a sprained ankle is a serious thing with so much bone support, what must it be in the sacro-iliac region, where you have a sliding base, and nothing but ligamentary support?

In strapping my cases with adhesive plaster, I am careful to use an excellent quality of zinc oxide plaster. You can buy it in large rolls, and it should be kept in a nearly air-tight place, and kept warm. Apply when it is warm; in the winter time warm the plaster before applying. Cut the plaster in about two and a half-inch strips, long enough to reach across the back from one anterior superior spine to the other. Never allow it to come in front. I prefer to apply it when the patient is standing. If lying down, the table is in the way; or if on a bed or upholstered couch, the lint from the upholstery interferes with the sticking qualities of the adhesive. If standing, the patient can remain in good position, and by placing his hands against some support can bend sideways, backwards or forward, as required. Fasten the plaster to the left side and place your left hand on the patient's right buttock, pull toward the left, bringing the buttocks tightly together, then apply the other end firmly. This plaster will last from five to seven days. It will stretch and slip, and at the end of that time must be re-inforced, or more rigid support must be applied. Sometimes this is re-inforced by a corset or plaster of Paris jacket. This is a large field, and has not been fully gone over by the obstetrician. I would like to hear more discussion about it.

Dr. Frank L. Newton, Somerville, Mass: This is a most excellent paper, and Dr. Hanks should be commended by this Society for its presentation. She speaks of damaged pelvic joints, and possibly something I may refer to may not come exactly in the area of joint diseases. I might first speak of traumatism which occurs in the use of forceps. Traumatism of the pubic arch might be due to the use of forceps, and this brings up a point of prophylaxis. This traumatism is largely overcome by the use of the axis traction forceps.

I would like to suggest, what I have not heard suggested before, that in strapping with zinc oxide adhesive you will sometimes find some particular point of pain on one side or the other. The application of a pad under the plaster will be of great assistance. Often-

times, particularly in the female back, you will find a depression, and you will need something under the plaster. You can get such a pad, covered with chamois and in different sizes, from almost any manufacturer of trusses. You can keep this dressing on even longer than Dr. Howard suggested. One advantage is that it can be applied by the patient herself. Just before coming here, I had a case which had been treated for two years off and on, at very large expense. With the application of this pad over the painful point, with zinc oxide adhesive, the patient had perfect relief.

Dr. Walter G. Crump, New York: Nearly all these cases of trouble in the pelvis are due to an improper pelvic angle, and this is a condition built up through the life of the individual. Improper bodily attitude is permitted during the growth of the girl and woman, so that she is not properly trained to bear children. Faulty posture is a more potent factor in the causation of relaxed pelvic joints than any other one thing. Early training in the proper exercises will round out the body and avoid these troubles with pelvic joints which cause so many complications. The plane of the superior strait should be at an angle of 60 degrees with the horizon. With the maintenance of this angle, motion is transmitted down through the abdominal viscera, so that there is a physiological excursion of the uterus with every respiration.

Speaking of relaxed sacro-iliac synchrondroses,—I find that it is a common thing in obstetrical practice for a patient to say, "Am I going to have much relaxation?" "Will my joints be much loosened?" There is an idea that the pelvic joints must be relaxed in order to give birth. There is relaxation only now and then, once in a hundred or two hundred cases. I have seen only one case in three years. In that there was a sliding of the symphysis, and very marked relaxation. In such a case, I find that a simple procedure is to get a surcingle, make a sausage-shaped pad, and put it over the tuberosity of the ischium. This will hold things in perfect position until nature has tightened up the tissues, and absorbed the infiltration.

Dr. FitzPatrick: How long do you keep up that infiltration?

Dr. Crump: I keep it on for three weeks.

Dr. FitzPatrick: Do you keep the patient in bed all that time?

Dr. Crump: I keep the patient in bed three weeks, and then let her get up gradually.

Dr. FitzPatrick: I had a case of that type in which there was a separation of about three-fourths of an inch. There were no symptoms in this case until about the third day after delivery. She is still in bed, delivery having taken place about ten days ago.

Dr. Hanks (Closing the discussion): I am rather disappointed that I am to go back home to work this out by myself. I wanted some points on diagnosis and further suggestions on treatment.

HEAT AND WATER AS THERAPEUTIC AGENTS*

C. Spencer Kinney, M. D., Easton, Pa.

Early in my professional life I was puzzled as to why competent and experienced physicians used heat and light for precisely the same conditions. When it came to the treatment of contusions and lacerations, the application of cold appeared to me to be a bad form of treatment as the effect of cold upon broken tissues would be coagulation of the blood beneath, and consequently a long period of time might elapse before resolution occurred, and discoloration passed away. For strain, discoloration, or traumatism of any kind, cold was applied unhesitatingly.

After watching the effects of the application of heat upon cases of traumatism, I found that the best results invariably followed. It reduced the swelling, lessened the pain, and did away with the discoloration of the part, and made it possible for recovery to take place in much shorter time than where cold had been employed in similar instances. From that time on, the good influence of heat forced itself upon my attention, and I used it whenever evidences of inflammation were apparent.

One case that interested me was phlegmasia alba dolens in a woman two weeks after childbirth. I was called in the evening and found her entire left leg swollen a third beyond the usual size. The leg was white and sensitive to touch; the woman suffered so much pain that the perspiration stood out around her lips and forehead; her pupils were dilated; she clutched at the side of the bed in order to keep still, the intense pain aggravated by motion being very great. As I had had charge of the male department of the State Hospital for a good many years, I had not been familiar with this class of cases, and for the time being, I was thrown upon my own resources. This case required active treatment and without delay. I applied hot applications from the foot up to the abdomen, keeping the cloths heated by what was then called a "hot water geyser,"—a rubber pad on which was coiled rubber tubing, hot water passing through the tube and back into a little boiler.

For the sensitiveness, the pain and the swelling, belladonna second was given every half hour; and this treatment of hot water was continued uninterruptedly through the night. After

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the hot application was working well, symptoms of relief were manifested and there was a gradual amelioration of the symptoms so that before morning she was at ease, and made a good recovery inside of ten days from the onset of the trouble.

The importance of hot water in the treatment of sprains, contusions, and lacerated surfaces should not be overlooked.

When it comes to giving an internal bath, many have found fault with its administration on account of the pain following its use. In my experience, I find that often where water is given as hot as can be borne, that is, with a temperature of 110 to 120 degrees, there is no pain, and wonderful relief has followed its use. It will give pronounced relief in mental depression or brain fag arising from toxemic causes. There is another thing in reference to the internal bath that I would like to call attention to,—it may be employed daily for years, without detriment to the individual.

During the course of my hospital experience, I have naturally had a good many cases that have tried a great variety of treatment before they eventually came to the hospital. These cases had been, in many instances, under the best treatment for their difficulties that could be found in this country or in Europe. Many times they had been the subject of different forms of bathing; and in a good many instances, men worn out with business cares who had begun to emaciate, to have insomnia and indigestion, accompanied by physical restlessness, and possessing low vitality, as a result of mental overstrain, had been given spray and cold baths, and told to exercise in order that they might build up and become strong again. Anyone who has ever taken a spray bath will recollect that it requires will power and a firm determination to endure it even for fifteen seconds. Now, all this expenditure of will power is followed by a reaction that leaves the individual weaker and worse than he was before, and a continued practice of this sort will bring about the very result that his physician wishes to avoid. One of the basic rules in the treatment of a nervous patient is to save what energy and strength he may possess and add to it—to establish a reserve, and then give him a chance to get well.

An instance will illustrate my position. A lady came to me in company with a friend and said that she desired advice, and gave a history of how her professional work had led her to overdo, with the usual train of symptoms. Then she said to

me, "I want hydrotherapy treatment, as that seems to be the one recommended nowadays." I told her that a spray bath would be the most unfortunate thing for her to employ that her ingenuity could suggest; and I said that were she to attempt this she would be picked up under it unconscious, and there might be some difficulty in restoring her to consciousness. I saw a peculiar look pass over her face, and especially that of her friend. When the latter had an opportunity to speak to me, she said, "Did you know all about the history of this woman?" I said, "No, I never saw her before, and know nothing about her." "Well," said her friend, "Two weeks ago, while under a spray bath, she fainted, and the attendant had a most difficult time bringing her to. I thought by the way you spoke you knew all about it."

Where a person's heart has not the slightest evidence of weakness, a spray bath may be indulged in with impunity; but when an individual is nerved up to any strain that impoverishes his physical and mental resources, a cold spray bath exercises an emotional strain that is contraindicated. A hot bath at night twice a week before retiring is one of the best sedatives that can be employed. I believe in cleanliness—in cleanliness that is just as near absolute as it is possible to have it; and I believe that heat will bring about the rapid elimination of toxemic states more effectually than any other treatment with which I am familiar. It sterilizes the blood and makes it possible for the blood to build up better tissues. This, it would be impossible to do without the influence of heat. Turkish baths or electric light, whichever one is thought advisable to use, will bring about results that explain why it is that throughout Europe we find remains of Roman thermal baths that show appreciation of the good work that they did in the earlier days of history.

The employment of water may represent the mildest form of medical treatment, as it may represent the most cruel. It may soothe and lessen the duration of an infirmity, or its use may irritate and jeopardize the life of a patient. In this respect, its value is well-known by those who prevent delirium in cases of alcoholism.

Discussion

Dr. Robert Walter, Walter's Park, Pa.: In reference to this subject, I wish to quote Prof. Chapman of the University of Pennsylvania of over one hundred years ago. He states that it is not the drug that

acts on the organism, but that the organism acts upon it. The organism appreciates the conditions of cold and heat and acts on these things. In most cases we deal with dead and living organisms and the action should therefore apply to the living.

Dr. Wm. H. Dieffenbach, New York: I agree with Dr. Walter that it is the reaction of the patient to the water. It is not the remedy which cures, but the patient himself.

Dr. Cora Smith King, Washington, D. C.: My work is in this line and I have gained much from these papers on hydrotherapy. My cases are chiefly chronic neurasthenics. I use a hydro-electric colon treatment with gratifying results. The two essentials of the treatment are a medicated enema and treatment of the spine according to indications. Take, for example, one case of neurasthenia of long standing and of intestinal origin. I have the lady lie on her abdomen and give her an enema of two or three pints of water containing two ounces of witch hazel and a heaping teaspoonful of Glauber's salts, to give a mild laxative effect and to soothe the membrane. While she retains the enema, I use faradism on the spine, with a slow sweeping movement, for twenty minutes. After getting a good relaxation of the spinal muscles, I give her an electrical cupping treatment four times down the spine, each side of the processes, to cause hyperemia of the skin. The treatment ends with abdominal vibratory massage, which aids in loosening the fecal matter and mucous shreds in the intestines. Raw materials, as honeycomb, fruits, vegetables and nuts, are passed through the intestine unchanged in these cases. This treatment should be given once a day for a time and then less frequently. It is well worth the trouble.

THE PRAGMATIST

By Allan Updegraff

Above was all the boundless sky;
  Below, far down, the city street
Quivered with traffic and June heat.

He sat, a busy human fly,
  In careless ease, 'twixt vast and vast,
On his steel bough.

With steady eyes and down-bent brow,
He loosed the strident, clattering whir
Of his compressed-air riveter,
  And set the rivet true and fast.

—*The Century, Dec., 1914.*

USES OF AND INDICATIONS FOR PROLONGED BATH AND RESULTS TO BE EXPECTED*

By Harry F. Hoffman, M. D., Allentown, Pa.

The prolonged bath is ordinarily given at or near the body temperature, namely, at 96 F. except during the summer months, when a temperature of 94 is maintained. This therapeutic measure has been in use since 1874, when Reiss, of Berlin, made extensive experiments and studies along this line. It was used for a variety of diseases—among them variola, pemphigus, psoriasis and gangrene of the skin. Hebra, of Vienna, reported five hundred cases showing most excellent results in skin troubles. It was also used satisfactorily in treating extensive, severe burns and in contusions and lacerated wounds. It has recently been suggested that the prolonged neutral bath might be used to bring about relaxation for abdominal or pelvic examination instead of anesthetizing the patient.

The earlier opinion was that the continued bath of neutral temperature had no effect on pulse, temperature or respiration: further use of the bath, however, developed the fact that the pulse and respiration are slowed and that blood pressure is beneficially influenced. One important effect of continued bath is the restriction of perspiration and the consequent accumulation of moisture within the tissues. The cutaneous nerves are found to contain a greater amount of moisture and under those circumstances show lessened irritability. The urine is increased in quantity, becomes less acid—sometimes even alkaline. The effect of the continuous bath is a series of reactions. We are all familiar with the action and reaction following any use of water: the cold bath produces at first a feeling of chilliness, followed by one of warmth—the blood pressure is at first raised, later lowered. The effect of the warm bath is at first an increase of pulse frequency and blood pressure, followed by an opposite reaction: and if the bath be continued, further reaction consisting of increased blood pressure. The soothing, sleep-inducing effects of the warm bath have probably been experienced by all of us. A brief immersion in water at or near the body temperature causes muscular relaxation and a feeling of lassitude. This experience doubtless suggested the most important practical application of

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the neutral bath—namely, that of overcoming restlessness and excitement.

The continuous bath of neutral temperature is being extensively used in many institutions for the care of nervous and mental diseases: it is the one measure which is used with confidence as to results. The typical indications for the use of this hydrotherapeutic measure are conditions of excitement such as occur in manic depressive psychosis, or as it is more familiarly known to some of us,—acute mania, circular insanity or agitated melancholia. A further guide as to the indications for the use of this bath might be given the homœopathic practitioner by saying that the excitement picture of aconite, belladonna, the veratrums, stramonium or hyoscyamus coincides with the indications for its use.

The continuous bath is being administered alone by our "old school" friends, and in connection with the homœopathically indicated remedy by members of our school.

At the Norwich, Conn., State Hospital, eight excited patients who were being treated by means of the continuous bath were repeatedly tested with the Tycos-sphygmomanometer,—blood pressure determinations being made before, during and after the baths: a total of 171 such determinations were made. The conclusions therefrom being as follows: during periods of excitement the blood pressure is low: during neutral baths the blood pressure drops from one to eight millimetres, mercury: after the bath the blood pressure rises, usually reaching a point higher than before the bath. This increase in blood pressure was found most marked in those patients who showed the greatest quieting effect from the bath. Readings frequently had to be repeated in order to overcome errors of increased readings due to muscular exertion of the patient.

The continuous neutral bath is best given in a special tub equipped with a regulator which insures a constant flow at a uniform temperature. There has recently appeared on the market a valve which has stood a two year test and has been found entirely satisfactory,—delivering any quantity of water at the desired temperature and absolutely preventing accidents due to sudden heating of water or interference with the flow of cold water. Even with such a valve it is advisable to also use an ordinary bath thermometer in order to insure keeping the water at the proper temperature. It is quite possible to give a neutral bath

without elaborate apparatus,—using the ordinary bath tub, but great care is necessary to maintain a uniform temperature. Cases are on record of collapse and some fatal terminations due to overheating. To insure comfort for the patient, blankets or air cushions filled with water can be placed in the bottom of the tub. It is customary in some places to dress the patient in a bathing suit, allowing him to freely leave the tub as he desires; in other places, the patient is kept in the tub which is covered with a sheet to prevent rapid loss of heat. An ordinary bed sheet can be used for this purpose; the two corners are tied together and the knot is passed over the rounded edge of the bath tub leaving an opening for the patient's head,—the other corners of the sheet are tied at the foot of the tub.

This paper is to give some idea of results to be expected from the use of neutral bath. A few cases will be cited, giving results obtained.

F. E. C., Age 48. Came to the Homœopathic State Hospital, Allentown, Pa., September 25, 1913, with a history of one previous attack of excitement and four day duration of the present attack, which had been preceded by a period of one month during which she was unusually sleepy. Upon admission, she was noisy, excessively active, talked constantly in a profane and obscene manner: she wore handcuffs at the time of her admission, was immediately taken to the bath room and given a prolonged bath. She disregarded all questions and requests, talked constantly in an incoherent manner, singing and making rhymes: for the next month she continued restless, noisy, struck people about her, sang, danced and talked constantly and received neutral bath from two to twenty-four hours per day: during the next two weeks she improved, being occasionally able to sleep in bed at night. During the following month she was given neutral baths practically daily, but of short duration, namely about two hours. By January 1st she had practically recovered, was allowed up and dressed and spent her time sewing and talking pleasantly with her neighbors. February 10th, 1914, she was allowed to leave the hospital "recovered."

S. C., Age 58. Admitted June 28, 1913, during her fourth attack. Patient was exhilarated, excessively active, sang, talked and attacked people about her. She was given neutral baths during the greater portion of each day,—their duration being shortened as she improved. Within five months' time her baths were entirely discontinued and she appeared at her normal,—a month later being allowed to go home.

B. M. F., Age 30. Became mentally ill January, 1912, and continued very much excited for a year and a half. During this time she fought people about her, imagined the hospital was a ship of which she was in command: she was destructive, and incoherent in her

talk. During her excited periods she received neutral baths frequently for a week at a time: gradually she improved, obtained insight into her condition and returned to her normal.

M. C., Age 42. Was depressed at the time of her admission, refused to eat, slept poorly, was noisy and imagined the building was on fire. She was given neutral baths of about two hours' duration daily, gradually improved and went home "recovered" in six months' time.

A. J. (colored), Age 39. Became violently excited March 25, 1914: she talked constantly, attacked people about her, sang, danced and was destructive,—also showed considerable sexual excitement. She was given neutral baths for eighteen days, by which time she was no longer excited, but had a mildly depressed period lasting about a week, after which she became normal.

A. V. L., Age 59. Has had recurrent periods of excitement for twenty-four years: during such periods she talks a great deal, sleeps poorly, constantly runs about the wards and annoys her neighbors. During her last excited attack she received daily neutral baths, four hours' duration, with the result that this attack was shorter and less severe than usual.

In the above cases, as in a great many others, the neutral bath is of unquestionable benefit. In hospitals for mental diseases the neutral bath has practically superseded the use of mechanical restraint, such as straight jackets, muffs, wristlets, etc. Hydrotherapy has made it possible to do away with seclusion and with the use of chemical restraint such as opium, hyoscin and other hypnotics or sedatives. The continuous bath at a temperature of 94 to 96 degrees Fahrenheit is far superior to the above ancient means. Drugs used in massive doses always have had after effects: a familiar example of this is the many cases of bromism which we meet. Neutral baths are better than restraint and seclusion, because the latter methods always antagonize the patient. After a person has had a few neutral baths he no longer objects to entering the tub, because he very frequently realizes that these baths help him. One patient who was a few days ago discharged from the Homœopathic State Hospital at Allentown asked for directions so that she might take neutral baths at home, in case she found herself becoming nervous.

From our experience, acute cases of excitement are benefited by neutral baths which are carried on continuously for several days or weeks. The more chronic cases and those in which there are recurrent periods of excitement derive more benefit from the bath if it is given intermittently. Many cases of the latter class

receive baths of two to six hours' duration daily with decidedly beneficial results.

Discussion

Dr. Wm. H. Dieffenbach, New York: This treatment is of great value in psychosis and has replaced opiates to a great extent. The bath is gauged by the skin temperature of the person, which runs from ninety to ninety-seven degrees, as to whether the patient is anemic or plethoric. A great opportunity for the use of this treatment in practice is in cases of delirium tremens. I have had such cases and the continuous bath, using force if necessary, is better than opiates or male nurses. In mental diseases, a bath of higher temperature may be given with gratifying results.

Dr. Robert Walter, Walter's Park, Pa.: Cold bathing is an outrageous fad and invalids and nervous wrecks are often caused by cold bathing because every nerve fibre is stimulated. It is like whiskey; cold baths will produce invalidism in a year. Every year, thousands of people come to the seashore for surf bathing. They exhaust themselves so that it takes the entire winter to recover. On the other hand, warm baths rest the individual, for vitality is the most vital point concerned. The power of cure is in the patient and the homœopathic doses liberates the power. Cold showers cause shaky nerves and entail immense injury.

Question: What is the care of the patients after a warm bath?

Dr. Walter: Cover them with a warm dry sheet and then rub them dry, both in long and short baths. I do not approve of a daily bath. A neutral bath is all right, but if above or below the body temperature, nerve stimulation always results.

Why Have a Funny Page? From the serious columns of the daily newspaper reporting questions of the Psychopathic Clinic, to establish or break down the charge that a 17-year-old girl has the mentality of nine years:

Q.—What is charity?

A.—Where you get something for nothing. (Marked zero.)

Q.—If you were on your way to school and found that you were late, what would you do?

A.—Go right along. (Graded zero. Correct answer, "I would hurry.")

Q.—If a bicycler fell from his bicycle and broke his neck, and was taken to a hospital, what would be silly about that?

A.—He should not ride a bicycle if he does not know how. (Incorrect.)

Q.—What is the difference between laziness and idleness?

A.—They are the same. (Wrong.)

"Are not those terms used interchangeably by intelligent people?" asked the Assistant State's Attorney. "Not among those with whom I associate," replied the psychopathic expert. "How do you qualify as a psychopathic expert?" asked the attorney. "I don't have to qualify; I am it," the doctor replied.

THE ELECTRON THEORY AND HOMŒOPATHIC PREPARATIONS*

By William H. Dieffenbach, M. D., New York City

But a few years have elapsed since the atomic theory, upon which the splendid structure of modern chemistry was erected, stood unchallenged and unrivalled. Within the past decade, however, an entirely new conception of the composition of matter has been evolved, tested, and found physically perfect, the theory of the electron. This theory does not displace the atomic theory, it merely amends it, and chemical science has not been marred but improved and developed through this new hypothesis.

An electron is conceived as a central positive particle around which, as in the solar system, a mass of negative particles are held in attraction. When these negative particles become detached, or are freed through friction, induction, heat or chemical action and flow along a conductor, the manifestation of electricity is created.

Electricity, therefore, has now been shown to be a stream or collection of freed electrons, flowing along a conductor. When the electrons vibrate the ether, the various manifestations of physical force ranging from Hertzian waves and wireless telegraphy to the short waves of the Roentgen ray and radium are created. The manifestations of heat and light are but various degrees of vibration of the ether of these electrons.

The discovery of radio-activity, especially Madame Curie's work with radium, has fully demonstrated that smaller particles exist than the atom of hydrogen.

We now know that the atom of hydrogen is a mass, being composed of one thousand electrons, and that it is this exact number of little mælstroms or vortices which furnishes the hydrogen individuality or property. We know that the carbon atom contains twelve thousand, the calcium atom forty thousand, the zinc atom sixty-five thousand, the iodin atom one hundred and twenty-seven thousand, and going upward to the higher atomic weights, that the radium atom has two hundred and twenty-five thousand electrons. We now know that many of the elements of high atomic weight are in a state of slow disintegration, their

*Read before the Bureau of Homœopathy, A. I. H., 1914.

atoms giving off electrons with coincident manifestations of physical phenomena and transmuting into other elements.

These statements would prove that the atom as such, has lost its significance as the unit of matter, and also suggest the probability that carbon, graphite and diamond, although chemically composed of atoms of carbon, achieve their individuality through some special change of the electrons in the atomic structure of the carbon.

Several points should be emphasized in relation to these prefatory remarks:

First. For over one hundred years, in spite of ridicule, the homœopathic profession has maintained that charcoal, chalk, silica, lycopodium and other supposedly inert substances, can by succussion and trituration be rendered medically active.

We now know that an atom of calcium contains forty thousand electrons, and it can readily be conceived that in the finer division and dilution of supposedly inert substances these electrons can be freed and their forces utilized.

To sneer at reasonable potencies such as the sixth or thirtieth gives evidence of lack of information of the trend of physical research. Acceptance by the scientific world of the electron theory must go hand in hand with the acceptance of the scientific correctness of the utilization of reasonable homœopathic potencies. And the physician who in the year 1914, still denies medical virtue to minimal dosage of remedies should be sent to school.

Discussion

Dr. Thos. H. Carmichael, Philadelphia: Dr. Dieffenbach's paper admits of brief discussion. It is full of interest, in that it suggests the *rationale* of our attenuated remedies. In the past we have been satisfied with the fact that if properly indicated they all act. Now, science tells us why. Electron disassociation and electron theory is its successor. The world has been forced to admit the value of attenuations. The idea of the necessity of a material dose received its first setback with Koch's tuberculin, and many were killed before it was properly attenuated. When that attenuation was found to be between the 6th and 7th, the ridicule of homœopathy ceased. In 1898 E. H. S. Bailey, professor of chemistry in the Kansas University, read a paper on "The Proof of the Law of Similia from the Electro-Chemico-Physiological Standpoint." His concluding sentence was, "Just why these particles, with their peculiar electrical conditions, should act on the system therapeutically, in such a way that like cures like, we may not be able to conceive, but we can understand that in this condition,

more than in any other, there must be a state of energy, such as is most favorable to absorption and to subsequent therapeutic action."

In 1903 transactions, Dr. Gatchell called further attention to this subject in a strong paper "On the Mode of Action of Drugs in the Crude Form and in Dilute Solution, with an Attempted Interpretation of Hahnemann's Theory of Dynamization."

What is the practical point? There are probably two: The first is that, from a therapeutic consideration, advantage is to be derived from dissolving our powders in water, which favors electrolytic dissociation, and also that the old fashioned powder spread over the moist tongue is better than the tablet swallowed immediately. A second practical point is that it eliminates the idea of the necessity for material doses of a drug in order to produce therapeutic results.

Dr. Guy B. Stearns, New York City: I wish the discussion had been carried a little further to show the amount of power generated in the transformation of the radium. It is supposed that radium, in the process of disintegration, is carried in lower series of weights until its ending place is 206. An enormous amount of energy is developed. A gram of radium generates or develops enough power to equal 118 calories of heat or energy in an hour. If you transfer this into food value, you have enough energy supplied by one gram of radium to sustain a person for at least twenty-five hundred years. If this were expressed in another way, that amount of radium manifests enough energy to lift the largest Dreadnaught to the top of old Ben Nevis—a matter of lifting twenty-six thousand tons to a height of forty-four hundred feet. If this amount of energy is developed in dropping from 226 to 206, you can imagine the amount of energy inherent in the 206. Even that does not mean anything compared with the amount of energy in the intangible part of our universe in universal ether. We think of matter as being dense, but it does not in any way compare with the density of free universal ether. You would have to compress a thousand tons of matter into a 1-25 inch cube to have the matter correspond in density with ether. Or, giving figures in another way, there is enough energy in a cubic millimeter of ether to run a million horse power engine for forty million years without stopping.

Dr. O. S. Runnels, Indianapolis: It is a great satisfaction to know just what electricity is, and to know that it is a stream of ions. Now, if Dr. Dieffenbach will inform us what ions are, I would be very much obliged to him.

Dr. John L. Moffat, Ithaca, N. Y.: I am not up-to-date, I fear. Sometime ago I read that in studying and analyzing the negative electron, its energy accounted for it all, leaving no data (weight, etc.) to show the presence of any "matter" in addition to that energy. Am I wrong in this? The materialistic mind can conceive the electron only as an ultimate particle of "matter" charged with an ultimate unit of electricity (energy). The vitalist accepts the electron as an ultimate unit (focus? vortex? whorl?) of energy, and therefore that matter is not an entity distinct from energy. Personally, this has for years harmonized my conceptions of the universe and of creation.

Dr. Runnels: I infer we know nothing about matter except as it is energized by force. The whole universe is force. The force is the thing—the energy.

Dr. Dieffenbach (closing the discussion): The conception of the electron is that of a central positive particle around which, as in the solar system, revolves, in a constant state of activity, these negative particles held according to the law of attraction and repulsion. If we have these in the state of equilibrium, no force is generated. In an atom of hydrogen there are 1,000. If heat or friction is applied, or some chemical action, these inactive electrons are freed and they float and agitate ether. If, instead of agitating the all-pervading ether, they flow along a copper or silver wire, we get the manifestations of the direct current that lights our rooms and can be utilized in various ways. Electricity, therefore, is supposed, according to the latest ideas, to be a negative charged conductor and can be modified and changed into the various currents—to control these electrons. That is the theory, and the theory fits in with all known facts. There is not a physical test made by the greatest professor in physics in which the theory has been found to be wrong. It does not change the atomic theory—it merely amends it. The atom is the chemical unit, but not the unit of matter, for we know the atoms are composed of different numbers of these electrons. As stated, we have 40,000 in calcium, 200,000 in lead, and 226,000 in radium. In the high atomic weights we have the greatest number. In thorium we have 238,000. In these high atomic minerals the number of electrons is so great they are constantly bursting out, and as they are thrown off, they produce various disturbances of the ether, and we get the various manifestations which we now recognize as the different rays—the alpha and beta ray —and these set up the gamma, which is very similar to the x-ray of the Crookes tube.

TISSUE SALTS IN VEGETABLE REMEDIES

Ferr. phos. China, gelsem., veratr., acon., arnica, anis. stel., phytol., berb. vulg., rhus, asaf., viburn. pr., secale, graphites, rumex, ailanthus.

Calc. phos. China, viburn. pr., ail., phytol., berb. vulg., coloc., graphites.

Kali phos. Pulsat., bapt., rhus, veratr., epiphegus, vibur. pr., digit., cimicif., cactus gr., stramon., xanth., ail., anis. stel., hamam., phytol., cactus.

Kali mur. Phytol., sanguin., stilling., pinus c., asclep., vibrun. pr., ail., anis. stel., hamam., cimicif.

Magnes phos. Viburn. op., bellad., lobel., stramon., viburn. pr., ail., secale, coloc., gelsem., rhus, graphites.

PERSONAL OBSERVATIONS OF ABDOMINAL CASES —VALUE OF PAIN SYMPTOMS AND TENDERNESS TOUCH DIAGNOSIS*

By Joseph H. Fobes, M. D., New York

In making a routine examination of the abdominal cavity, I have found that touch diagnosis has been of great service in bringing out lesions of the various organs concerned.

In eliciting gall bladder troubles, I draw a line from the ensiform cartilage to the anterior superior spine of the ilium. I then draw another line from the cartilage of the ninth rib to the navel. Where these lines cross, I place my middle finger bent, and then with my right hand make a percussion note upon the bent finger.

For a diagnosis of gall stones in the bladder, for empyema of the gall bladder, or for simple engorgement of the gall bladder, I find there is a sudden sharp tenderness elicited by this symptom which is similar to the percussion tenderness of Murphy. Physical signs must always be checked up by a similar method at an equidistant point on the opposite side. I find this is more trustworthy than the usual method of slipping the fingers under the free ribs and having the patient take a deep breath.

Some three years ago at the Surgical and Gynecological Society, I reported several cases of perforated gastric ulcer and laid particular stress upon the burning pain which came on quickly after a perforation and which was due to the chemical peritonitis caused by the hydrochloric acid of the gastric juice. This pain is of an agonizing character, followed by excessive rigidity and extreme tenderness over the gastric area. Of late I have noticed a difference between this pain and the pain found in a duodenal ulcer perforation. In duodenal ulcer perforation, the pain is not nearly so severe, agonizing or burning as that of the gastric ulcer perforation, and the reason is readily understood when we consider that the duodenal contents are mostly alkaline and are not septic as the gastric contents so frequently may be.

The pain and tenderness in gastric ulcer tend to radiate down the right side of the abdomen and the tenderness anteriorly is exquisite due to the fact that most of these gastric ulcer perforations are on the anterior surface not far from the pylorus, and the fluid flows down between the great omentum and the anterior

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abdominal wall. This in turn causes the excessive rigidity of the rectus muscle which is characteristic of this condition.

Duodenal ulcers, on the other hand, usually perforate towards the posterior part of the duodenum, not very far from the side where it becomes a post-peritoneal organ and the course of the fluid is along the posterior peritoneal wall of the abdomen, at some distance from the anterior parietes and the extreme symptoms of this condition do not make themselves manifest until the iliac fossa is reached, where the abdominal muscles show their greatest rigidity and where the pain and tenderness is frequently the most marked. That is the reason why so frequently perforated duodenal ulcer may be confused with appendicitis. In fact I would say that it is much more difficult to give the differential diagnosis of an acute appendicitis and perforated duodenal ulcer at the outset than it is to make a diagnosis between appendicitis and perforated gastric ulcer.

Several years ago, Doctor Robert T. Morris of New York City discovered what he claimed were the Morris points of abdominal tenderness, situated one-third of the distance from the umbilicus to the anterior superior spine, on the right side, in contradistinction to the tenderness point over the appendix, which is one-third of the distance from the anterior superior spine to the navel. For several years past I have been trying out this system which is supposed, when markedly present, to indicate pelvic disease, or in rare cases to indicate an appendicitis where the appendix is adherent to a tube or has its place in the pelvis. These diagnostic points in my hands have not been conclusive and I desire to sound a note of warning in regard to their acceptance with the full value given to them by their inventor. In several cases last fall these points were markedly positive, and upon operation there was no sign of any pelvic disease. In fact, in one or two of the cases an appendicitis which was not pelvic was noted.

At the suggestion of your chairman, I have endeavored to give to you the diagnostic points which I have made use of and evolved or found to be negative during my experience in the last two years. I give them to you for what they are worth.

Fra Lippo Lippi: If you get simple beauty and naught else, you get about the best thing God invents.

A DIAGNOSIS OF THE HOMŒOPATHIC CASE*

By Lincoln Phillips, M. D., Cincinnati, O.

The title of this paper might well have been, like Tom Tad Junior's famous question, "What" and "Why?" Briefly I shall discuss the what and why of the homœopathic movement—present and future.

This will be known as the age of restlessness, pursued strenuously. Religion, art, science, politics, medicine—everything is being up-turned, turned over and turned inside out.

After all this hodge-podge scrimmage is over and the atmosphere, laden with dust, dynamite, hard names and dogmatism has had a chance to settle and be washed clean by reign of reason, peace will come and out of it will emerge a higher vantage ground.

Hahnemann carved a niche that will endure so long as time and truth exist, but there are other niches already carved, and still to be carved before the completed monument of medical science stands forth a completed whole. All people love an earnest fighter. We are to stand for our rights and then to be really great we must recognize the other fellow's rights.

In the present upheaval some dogmatism is disappearing—discoveries are leading others whether willing or not toward the trail blazed by Hahnemann. The other schools are showing a willingness to cease scoffing, to listen to what we have to say and to learn some things from us. What shall we do? Ridicule them, use harsh words and sneer at them for acknowledging that we have something to offer? Well, that is one way. The fight has been bitter—and when a fight is bitter and at its height, each loses his head, becomes unreasonable, more firmly convinced that he alone is right and the other fellow wrong. It is only when pride is swallowed, an armistice declared that each finds the other to be a human being and a pretty decent fellow. The homœopath has been bitterly fought, and likewise has fought bitterly. This undoubtedly perpetuated our school. Now that we are established, the others willing to learn what we have to offer, we should be willing to learn and acknowledge what they have to offer and help them to appreciate the good in similia. In union of ideas and means lies not only strength but progress. Never fear. Homœo-

*Bureau of Homœopathy, A. I. H., Atlantic City, 1914.

pathic principles are right and will always endure, but we must remember that homœopathy is a part of and not the whole of the field of medicine. Hahnemann, were he living, would have no patience with his followers who are content to stand still, throw mud at others who are earnestly striving to progress. When we are honest with ourselves and with homœopathy, when we lose a little of our egotism then will homœopathy become more universally recognized and will grow and come into its rightful own.

THE DIAGNOSIS OF AURICULAR FIBRILLATION*

By Wm. Rendell Williams, M. D., Philadelphia

It is remarkable how our viewpoint in the consideration of diseased hearts has enlarged in the last decade. Auricular fibrillation is a good example of our new knowledge of an old condition.

You all have seen heart cases showing the ordinary symptoms of cardiac failure—breathlessness, cyanosis, edema of the lower extremities, ascites, swollen, pulsating liver, and cough with crepitations at the bases of the lungs. You have noted in these cases the utterly disordered heart action as shown by the jumble of sounds when listening over the apex, and particularly by the rapid and absolutely irregular pulse at the radial artery.

Formerly this disorderly rhythm of the heart was considered a mere incident of the heart failure; now we believe that the onset of this disorderly rhythm is often the reason for the heart becoming incompetent. And it is now recognized that this type of irregular pulse with its associated symptoms of heart failure is a distinct clinical entity and is due to the fibrillation of the auricles.

Its recognition is of great clinical importance, not only because it is a condition present in at least 50 per cent of the severe cases of heart failure that come under observation, but because there are certain definite therapeutic indications for its management which often produce the most wonderful and gratifying results.

What is meant by fibrillation of the auricles? In the normal heart beat the impulse to contraction originates in the sino-

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auricular node "the pacemaker," which is imbedded in the wall of the right auricle near the opening of the superior vena cava. From this point the contractive wave spreads rapidly throughout the auricular walls so that these chambers contract synchronously. The impulse then travels through the node of Towara and the bundle of His to the ventricles, which in their turn contract in unison about one-fifth of a second after the auricles.

This beautiful rhythm becomes chaotic when the auricles start to fibrillate. Then each separate fibre or small group of fibres of the auricular musculature goes into a minute clonic spasm by itself. The result is absolute lack of co-ordinate contraction of the auricles as a whole; they remain in a position of diastole and become functionally impotent.

In the words of Thomas Lewis, "The effect of the auricular confusion upon the ventricle is twofold. The normal, regular and co-ordinate contractions in the auricle are in abeyance and consequently the ventricle is robbed of the regular impulses which form its accustomed supply. These are replaced by numerous and haphazard impulses, escaping to the ventricle from the turmoil which prevails in the upper chamber; the change in the action of the ventricle, when the auricle fibrillates, is consequently profound. Its rate of beating rises considerably and the contractions follow each other in a completely irregular fashion."

Etiology. The causative factors may be anything which damages the auricular musculature. This may be an acute infection, but more often we see auricular fibrillation in association with degenerative changes consequent to such infections, as rheumatic fever, and often in the degenerative conditions resulting from arteriosclerosis. Rheumatism stands pre-eminent in the cases met with in early and middle life. Auricular fibrillation does not occur during the attack of rheumatic fever, but after a rheumatic heart is established, and that takes time. There is a close association in these cases with mitral stenosis which is also a secondary and progressive condition. Cases without a rheumatic history more often are seen between 50 and 70 years and predominate in males. Here it is usually an evidence of a cardiac sclerosis.

I have noted it in syphilis and in Graves' disease, and it is possible that any infection that results in myocardial damage involving the auricles may develop fibrillation.

Diagnosis. The accurate recognition of auricular fibrillation

has been made possible by the use of the electrocardiagraph and the polygraph.

It is neither necessary nor advisable that the general practitioner should take the time necessary to develop the technical skill to use these instruments or to interpret their graphic records.

No discussion of the subject, however, would be complete without examining these graphic evidences of auricular fibrillation, so I have had lantern slides prepared illustrating the methods and results of such examinations, which we will have thrown on the screen before considering the bedside diagnosis.

Now let us consider the recognition of auricular fibrillation at the bedside. As stated before, at least 50 per cent of the cases of advanced heart failure exhibit the symptom complex, and are probably precipitated by the onset of auricular fibrillation. Some of the common evidences of heart failure will be present, i. e., dyspnea, orthopnea, basic congestion of the lungs with crepitation, enlarged, swollen, tender, pulsating liver; edema of the lower extremities, and possibly ascites and cyanosis.

Listening to the heart, the feature that strikes one at once is the rapidity and extreme irregularity of the ventricular contractions. We have a true delirium cordis. The rate in severe cases of heart failure is usually over 120 per minute. The first sound at the mitral area will be now loud, now weak, and the impulse likewise, at first forcible, then feeble. Frequently the second sound at the apex will be missing when the ventricle contracts before it is filled or contracts without sufficient force to expel blood into the aorta.

The change in murmurs that may have been present is interesting and confusing. Frequently there is such a jumble of sounds that a valvular diagnosis is impossible.

Auricular fibrillation bears a close relation to mitral stenosis; 66 of 126 cases tabulated by Lewis had that valvular lesion present. The customary short presystolic murmur of mitral stenosis which is due to the auricular contraction, disappears when the auricles fibrillate, and cease to contract as a whole.

Palpation of the radial artery should detect the presence of auricular fibrillation at once; it is usually characteristic of the condition.

"The pulse is a medley of beats of many sizes, an intimate

mingling of changing pauses; now the beats are almost uniform in strength and spacing; now feeble pulsations chase along rapidly; now the pulse is lost; now it returns with increased vigor." (Lewis). Cabot must have had such a case in mind when he said the "pulse is a luxury—not a necessity," for it is often uncountable.

Remember that the number of beats felt at the radial does not correspond with the number of ventricular contractions, because as stated before, many of the ventricular contractions do not expel sufficient blood into the arterial system to create a pulse wave. I have seen many a hospital chart on which the nurse had recorded a pulse rate of 70 or 80 per minute which quickly jumped to 130 to 150 when we had her count the apex contractions. This difference in count between the apex and radial is termed the "pulse deficit," and as will be shown later is a valuable guide to our therapeutic control of the case.

So much for the ventricular manifestations of auricular fibrillation to be detected by palpation and auscultation.

As I pointed out on the polygraphic tracings, there is a change in the venous pulse when the auricles cease to contract. Frequently this can be easily detected by close inspection of the external jugular, as pointed out by Hirschfelder.

By raising or lowering the patient's head and shoulders and rotating the head to one side, a position can usually be found where a series of collapses and fillings of the vein can be readily seen in the right jugular fossa. By holding the edge of a card about an eighth of an inch from the skin the eye is greatly aided in detecting this excursion. Normally a double wave accompanies each heart impulse followed by a flattening of the vein during diastole. In auricular fibrillation the venous wave is single; a wave for each beat of the heart and the characteristic irregularity is apparent.

With the blood pressure apparatus, now used so universally, there may be further corroborative evidence of the condition.

In releasing the pressure on the brachial artery after having obliterated the radial pulse, one notes by the finger on the radial, or by the auscultatory method, that at first but few of the stronger beats get through. As the pressure is further gradually released more and more of the beats get through. The percentage increasing as the pressure is released. This is different from any other cardiac irregularity. Mackenzie points out that it is im-

possible "to register the blood pressure in cases of auricular fibrillation, for though some sort of result could be obtained, the result would be expressed by a figure and this would give an aspect of precision which it did not possess and would therefore inevitably mislead."

By watching the needle on the dial instruments or the mercury column, as the case may be, the irregular oscillations due to the varying force and rhythm of the arterial pulse is splendidly indicated. The sphygmomanometer is an instrument of diagnosis of no mean value in detecting other cardiac irregularities, as well as beginning failure of contractility as shown by a pulsus alternans.

There may be some difficulty in recognizing cases of auricular fibrillation when the pulse is slow and there is no pulse deficiency. For instance, when the heart is under the influence of digitalis, or when excessive vagus action is present. Here an ordinary radial tracing will show that the beats vary in spacing; there is no dominant rhythm.

Other cardiac irregularities may be confusing at times, such as the occurrence of frequent premature contractions particularly where they arise in the auricles. Usually in such cases the pulse is slower,—less than 100 per minute,—and the irregularity tends to disappear on sufficient exertion to make the heart beat faster. Exercise simply accentuates an auricular fibrillation.

The prognosis depends upon concomitant conditions; valvular lesions, renal disease and the severity of the heart failure. It is evidence in itself of a damaged heart muscle. Few patients survive more than ten years after the incidence of auricular fibrillation. The longest case I have been able to follow lived for five and a half years. The onset of the disordered rhythm causes the already defective heart muscle to work at such a mechanical disadvantage that evidence of pronounced heart failure quickly ensues. Rarely it is transient, as shown by my tracings of two cases of syphilis. Another case under my observation at present has had numerous transient attacks during the past year, each attack lasting from ten to twenty-four hours.

The rate may be a prognostic factor; when over 120 the outlook is grave. Possibly the most important factor in determining the prognosis is the reaction to treatment. If the rate can be reduced and maintained within such limits as to spare the heart excessive exertion in carrying on an efficient circulation, the outlook is fairly good. The rheumatic cases especially re-

spond remarkably well. Cases associated with advanced arteriosclerosis met with in the aged are less amenable to treatment.

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DIETL'S CRISIS*

By DeWitt G. Wilcox, M. D., Boston

Dietl's Crisis, so named because Dietl in 1864 described what he called a "strangulation of the kidney," is a sudden attack of pain in the region of either kidney, usually the right, accompanied by nausea, considerable shock, tympany, and marked tenderness of the kidney affected. The pain is usually relieved by lying down and manipulating the kidney. After relief, especially if the pain has been of long duration, there is usually polyuria with possibly hematuria. These attacks are much more likely to come on after a marked exertion, especially that of lifting while in the stooping posture. The pain can usually be distinguished from gall-stone colic by the fact that, while the former comes on suddenly it is more likely to radiate down toward the bladder, it is not as agonizing, and can be relieved by postural change. Moreover, its cessation is more gradual than in gall-stone and the flow of urine is not affected thereby. It is more likely to be confused with urinary calculi in that it is in the region of the kidney, and runs down into the bladder. But here again, it is less agonizing, and is relieved by postural change. Moreover, the kidney is rarely sensitive in the crisis mentioned. Not infrequently the pain is mistaken for acute appendicitis of the fulminating type, but the slightest degree of temperature and pulse variation caused by Dietl's crisis should preclude such a mistake.

The pathology of the attack is: primarily, a sudden and extensive giving away of the anchorage of the kidney and its displacement sufficient to allow the ureter to become bent, doubled,

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or twisted. If such occurs to the extent of shutting off, in part or in whole, the outflow of urine from the kidney, the natural sequence would be an over-distention of the kidney pelvis and tubules, sensitiveness of the same, and suspension of function.

Naturally we are interested to know why a kidney seemingly well anchored in its natural abode should even upon a severe provocation be pulled loose and thus disturb the whole physical economy. As a matter of fact, the kidney will not do so unless there has been a preparation for the accident. For the incidents and accidents which precede the displacement of a kidney, or a so-called "floating kidney," are rather interesting. While the kidney is not held in place by strong cables, yet it lies in such a snug harbor that there is rarely any pressure which affects it profoundly. Its layer of moulded fat is one of its anchors. Hence, when there is a great loss of fat the kidney becomes deprived of one of its home ties; it begins to think then of wandering, and awaits only a little temptation to start.

Again, intra-abdominal pressure is one of the strong influences which keeps the kidney at home. Once remove that by frequent pregnancies, by the removal of large tumors, by ventral or umbilical hernias, and the kidney, while it has not lost all home ties, feels the pull of the outside world, and, like the prodigal son, starts off to see how it looks, and generally with about the same result. For if it stays away too long it is no more worthy to be called a kidney. But the kidney is not always to blame for wandering. Sometimes it is forced from home by a sharp blow in the back, and it goes, taking most of its home ties with it. In such cases we have a marked shock followed by a hematuria which may be fatal.

It becomes, therefore, readily apparent that a Dietl's crisis is nothing but the acute symptoms arising from a floating or displaced kidney which has descended so low toward the pelvis that it has shut off the caliber of the ureter. Were one to tie a ligature about one ureter, he might get much the same set of acute symptoms. To understand the condition rightly we must bear in mind that there may be the primary attack which comes on immediately after a severe exertion of lifting or straining, or following a blow, and there are the secondary or recurrent attacks, which come on after the kidney has once broken away from its moorings, but has gone back and remained fairly well in place. * * *

Now, given a kidney which shows a persistent determination to get out of place repeatedly, after the initial breaking away, and what is to be done? A loose or floating kidney which gives no trouble either in the form of pain, tenderness, nausea, or nervousness, or shows no sign of ureteral obstruction, is an inoffensive sort of a truant that will not do much damage to itself or the neighbors, although like all truants it is abnormal and must be watched. But a kidney which repeatedly goes on a "bat," disturbs the neighborhood and disarranges itself must have some other kind of treatment besides moral suasion. If it will not stay in place by a specially made binder and kidney pad, then it must be anchored by the operation of nephrorrhaphy. In my opinion that operation is not called for in every case of floating kidney, but for such only as above enumerated and for the few where the reflex symptoms are persistent and inimical to health and comfort.

I call to mind a young married woman who for one year could keep no solid food upon her stomach. She had had three children in rapid succession; had been in perfect health, but was now losing flesh and health rapidly. She had received all kinds of treatment for her stomach, with no relief. I found a floating kidney, anchored it, and her vomiting ceased upon leaving the operating table. Even the ether did not induce it. In her case either the drag upon the stomach produced by the nephroptosis or else the reflex effects wellnigh cost the patient her life. . . .

Once upon a time I met a woman who told me this story. She was fifty years old, had had three children with normal confinements. She had, ten years previously, cared for an invalid mother who required considerable lifting. One day after a special effort at lifting, she was taken with a so-called "stitch" in her back in the region of the right kidney and had to be carried to her bed. She remained there a day or two, recovered from the acute effects and went about her work. But from that time until the present she had been "weak" in that side. Shortly after the initial attack she was seized one day with a severe colicky pain near the right kidney which made her quite ill. She vomited at short intervals, but by lying upon her back with her knees drawn up she soon got relief. As time progressed she noticed she was quite prone to have such attacks after any severe exertion, but could terminate them rather quickly by lying down

and manipulating over the region of her right upper quadrant. She later noticed quite a disturbance in her urinary function. For a time following the attack she would have a suppression of urine, then a profuse urination. This condition existed for three years or more, when the attacks of pain gradually subsided. She was always tender in that region and had not for the entire period of ten years been entirely free of pain in her right side.

Finally she noticed a good sized lump in her right side just below the liver, which was so painful that her family physician sought counsel. The history was clear-cut and the tumor more so. The latter was nodular, hard, sensitive, slightly movable. The urine showed no abnormality. The case seemed to diagnose itself and I felt no hesitancy in advising the removal of what I regarded as a nonfunctioning kidney. The operation was accordingly performed. I found a large kidney so closely adherent to its envelope of fat that it was with difficulty shelled out. The pelvis was greatly distended and very hard. The fact that its cushion of fat was abnormally adherent, that it was greatly enlarged, nodular, entirely outside the kidney fossa, and had been giving her pain for years, were to me sufficient reasons for removing the kidney entire, which I did, ligating the ureter about one inch below the pelvis of the kidney. Upon opening the kidney I found a large stone packed firmly in the pelvis, blocking the orifice of the ureter entirely. The kidney was honeycombed with large cells, which were filled with bloody debris, pus and fibrin. There was little, if any, normal kidney substance left. . . .

Now suppose it would have been possible to have recognized the true condition at the initial lesion and by rest and supportive measures to have induced that kidney to again grow fast in its normal position; or, suppose that in her failure to seek medical aid at the first of her injury the true condition had not been discovered until she was having the well marked Dietl's crisis, or failing in that recognition, suppose it would have been possible, as I think it was, to have recognized the true condition when the kidney began to enlarge, would it not have saved the woman ten, five, or even three years of semi-invalidism plus the preservation of a very decent kidney?

It is by keeping before the mental vision a series of pictures, graphically displayed, correctly labeled, and instantly available

which makes up the science of diagnosis. To obtain such pictures we are obliged to visit the art galleries of experience, interchange of thought, medical meetings, and text books. It is the men who have the largest collection and who know best how to use it, who become best versed in diagnosis.

Discussion

Dr. Jos. H. Fobes, New York: I believe that all third degree floating kidneys should be operated, and I would like to testify in favor of an operation which I have used since last December. I refer to the method of Longyear. I find it especially applicable in these third degree cases, and in all four cases in which I have performed this operation I have been able to demonstrate the ligament as large as the thumb, sometimes running from the hepatic angle of the colon over to the pole of the kidney. This ligament is lifted up, and sometimes there are three layers of muscle which can be drawn underneath, which hold not only the kidney but the colon as well. In cases of that sort there is absolutely no chance for recurrence. I happened to have one case in which Dietl's crisis had occurred after anchorage by the old Edebohls' method. I therefore wanted to lay emphasis on this method.

THE MODERN TREATMENT OF SYPHILIS*

By W. H. Watters, M. D., Boston

The question of syphilis and its treatment has always been a very important one in the practice of almost every physician. Apart from its sociological aspects, however, it is one that has been largely under the ban in scientific medical assemblies. This has been on account of the actual very vague knowledge concerning its cause, its accurate diagnosis and its proper treatment.

During the past few years, however, the exciting cause has been discovered, an accurate method of diagnosis has been worked out and a very efficient therapy has been introduced. The result is that patients suffering from the disease are now admitted practically into all of our general hospitals, and there efficiently treated. In other words, the disease has been elevated from its lowly station where mercury and the iodids were prescribed in a hit-or-miss manner to a higher plane where its progress can be accurately watched by exact laboratory methods and the efficiency or further need of various forms of treatment can

*Read before the Bureau of G.-U. Diseases, A. I. H., 1914.

be definitely determined. In short, syphilis can now take its proper place in scientific medicine.

The present is not the place to take up the topic of the discovery of the treponema pallidum by Schaudinn. Neither can prolonged attention be given to the important phenomenon best worked out by Wassermann and named after him, the Wassermann reaction. Before going further, however, a pause must be made to state that it is incomprehensible how a physician can properly treat a case of syphilis at the present day without repeated blood and in many instances, spinal fluid examinations. Without such, many cases, apparently cured, will recur, and in other instances, the correct diagnosis will be entirely overlooked.

The Wassermann reaction must rank as of primary importance in the treatment of the disease. There are limitations. It must be borne in mind that it is not an absolutely specific complement fixation test, as is that used in gonococcus infection. It must be also remembered that it is not present in the early primary stage and not always in the tertiary or quiescent stage.

When properly performed and interpreted, it will prove to be an invaluable guide, and one that cannot safely be dispensed with. It should always go hand in hand with treatment. With this preliminary, the main topic of this paper may be introduced, the treatment of syphilis. As has already been stated, until very recently there were two remedial agents, mercury and potassium iodid. A patient received sometimes one, sometimes the other, sometimes mercury by mouth, sometimes as an inunction or again as a subcutaneous intramuscular or intravenous injection. If he showed signs of improvement, well and good. If not, there was practically nothing further to try, and only too often he fell into the hands of charlatans. Thanks to the researches of Ehrlich, a remedy is now available that will compare favorably in efficiency with quinin in malaria.

Time and your patience forbid description of the various steps in the study of the spirillicidal forms of arsenic from the simple drug through the more complex forms, such as atoxyl to salvarsan and its younger cousin, neosalvarsan. It must be sufficient to state that in these new drugs there was supposed to have been discovered that ideal of the bacterial therapeutist, substances sufficiently potent to kill the specific parasites without injuriously effecting the host. When first brought forward it was supposed that one treatment of salvarsan would efficiently

rid the host of all its treponema parasites. And indeed, in some instances, the clinical improvement was so startling after one such treatment as almost to justify that belief. It was very soon found to be fallacious, however. Again in the early administrations, various severe forms of reactions were sometimes noted. Accordingly further research was instituted, with the result that shortly a new product, neosalvarsan, appeared. This was supposed to be more potent and to give rise to less reaction. Whether this is true is still somewhat debatable.

Perhaps the most logical manner to take up the further presentation of this subject is to give, in some detail, the routine followed in treating various stages of the disease, the prognosis and precautions involved. It may be well to state that these opinions are based practically exclusively upon personal experience after administering the treatment a large number of times and always controlled by careful Wassermann tests.

Primary syphilis. Search for treponema pallidum in chancre. Take blood for Wassermann reaction. Remember that this reaction, like the Widal reaction in typhoid, may not appear for days or even two or three weeks after the onset of the disease. A negative reaction thus early will not accordingly exclude the possibility of syphilis. Repeat in a few days. When satisfied concerning diagnosis, the earlier the treatment is begun the better the hope of recovery. Instruct patient to empty bowels by cathartic and to eat nothing for several hours prior to treatment, in order to have empty stomach. Introduce into median cephalic or basilic vein (or some other) .4 grams salvarsan while patient is lying down. Preferable time, late afternoon. Least reaction comes when patient remains quiet in bed till morning, although often it is comparatively safe to allow one to go home and then to bed. Eat nothing for several hours after and no solid food till next day. Water as desired. Then live as usual after twelve hours.

Possible reactions: nausea, vomiting, headache, chills, diarrhea, fever, occurring within twelve hours. Varying reactions in possibly 10-20% of cases. Less, when salvarsan is diluted with 50% saline freshly made from freshly distilled water. Never allow mixture to stand more than fifteen to thirty minutes and never mix up enough for two patients at same time. Repeat above process in seven and again in fourteen days, increasing the dose to .5 grams and .6 grams respectively. During this time

administer mercury protiodid at first 2x trituration and later 1x to limit of toleration (indicated by cramps in abdomen, diarrhea, salivation, sore mouth, etc.) Follow by salicylate of mercury in sterile olive oil (50 grains mercury to one ounce olive oil, warmed and mixed before use) intramuscular (buttocks), once a week in doses of one-fourth to one grain. Continue for three months. Discontinue all medication for three weeks and then do a Wassermann. If this is negative or feebly positive (+) continue mercury for three months more. If positive, repeat the salvarsan treatments and the following mercurialization. Each case should be watched for at least one year and preferably two, even if the Wassermann becomes negative early, as it sometimes changes back to positive. The first salvarsan treatment will probably strongly affect the chancre, causing it to rapidly dry up and subside. Local treatment is seldom necessary. The enlarged lymph nodes may be more obstinate. All clinical symptoms will usually clear up promptly and the patient will feel perfectly well. From the standpoint of prognosis, the person can be told that the symptoms are almost certain to promptly subside and that there is a fair chance of complete recovery as indicated by repeated and continued negative Wassermanns. Remember that mercury recently taken in quantity, also alcohol may make an otherwise positive reaction negative. Strongly conclusive evidence that it is possible to definitely cure a syphilitic patient has been brought forward in a number of instances where a person has for the second time had a typical chancre following a second exposure with all symptoms of a fresh attack, a phenomenon impossible were any of the old infection left in the body. This is something practically unknown in the pre-salvarsan period.

Secondary syphilis. In this stage the Wassermann reaction is practically always present. It is here of the greatest definite value as a negative reaction, especially if repeated on a suspicious dermatitis, pharyngitis, etc., is strong presumptive evidence against the existence of the disease. Here search can be made for the specific organisms in the lymph from the various local lesions. The course of treatment to be followed is identical with that already outlined. By it one may confidently expect to promptly eradicate the local and general manifestations of infection and to promptly give to the individual a goodly share of health and well being. Careful observation for one or two years is essential to the proper disposition of the case, if for no other

reason than as a means of insurance against future out-cropping of some of the late protean manifestations.

Under conditions as above detailed there is reason to be quite hopeful for a complete and permanent cure. It may entail many salvarsan treatments, much prolonged mercurialization and repeated blood examination. Even if it proves impossible to obtain a permanently negative Wassermann reaction, further trouble can be quite definitely prevented.

Tertiary syphilis. This stage of the disease can take almost any form and is manifold in its manifestations. The Wassermann reaction is here more variable than in the two preceding stages, it being absent in from fifteen to thirty per cent of all cases, particularly those of the latent or dormant type. A positive test is always significant. A negative one is much less so. In the presence of suggestive history or symptoms it should always be repeated several times, and if it is in any way associated with the central nervous system, lumbar puncture should be performed and examination made of the cerebrospinal fluid. Frequently cerebrospinal syphilis will not manifest itself at all in the blood, while doing so very clearly in the spinal fluid. In these or other forms of the disease with negative Wassermanns, one or more so-called "provocative" salvarsan treatments will clear up the case readily. The luetin skin test, as introduced by Noguchi, is also often of value in elucidating otherwise obscure cases. With the diagnosis definitely settled the particular type of treatment should be considered. In all cases not connected with the central nervous system the course of treatment already outlined should be carefully followed and continuous observation is essential either indefinitely or until such a time as there shall have been Wassermann negative blood tests over a period of months. As in the primary and secondary stages, so here the various clinical manifestations will variably clear up with readiness and a feeling of general well being will replace the less agreeable ones. The hope of obtaining entirely negative serological tests is less than in the earlier stages. That the patient can be greatly improved and the majority of the symptoms entirely eradicated can be strongly anticipated, however. Such cases require prolonged and often indefinite observation in order to guard against return of the symptoms or appearance of new and more serious ones.

Syphilitic nervous diseases. When the disease has become

located in the central nervous system and the treponema have become lodged in tissue poorly supplied with circulating blood, it becomes very difficult to successfully attack them by the usual intravenous administrations of salvarsan. It has been definitely proven that very little salvarsan thus administered ever reaches the nerve tissue involved and accordingly the therapeutic results are very discouraging. In order to obviate this difficulty Swift, working in the Rockefeller Institute, has advised the introduction directly into the spinal canal of fresh but inactivated blood serum obtained from the patient one hour after a salvarsan treatment. This serum contains the drug in a form innocuous to the nerve tissues, but still distinctly lethal to the treponema with which it can by this means be brought into direct contact. The method is a complicated one, and one practicable only in an institution accessible to a properly equipped laboratory. The method of choice to follow in syphilitic nervous disease should be in most cases the preliminary intravenous administration of salvarsan, repeated two or three times and controlled by serological study of the blood and the cerebrospinal fluid. If the results are not sufficiently evident, then the intraspinous injection of salvarsanized serum should be employed.

In tabes and general paresis, experience has shown the vastly greater improvement following the latter treatment than that from the intravenous method. In these diseases, accordingly, it is inadvisable to waste time in preliminary experimentation when it is known how much more definite results can be obtained from the intraspinous treatment. It insures all the beneficial results of the intravenous plus those of the intraspinous. Where facilities for the latter are lacking, the former should, of course, be employed.

Did time permit, cases might be cited where the girdle pains of tabes, but little if any ameliorated by intravenous treatment, disappeared most promptly after the intraspinous with corresponding general improvement.

In tabes and in paresis it is necessary to continue the treatment much longer than in the less severe forms of the disease. Intraspinous treatment is advised at intervals of about two weeks and is repeated six, ten, twelve or more times. In tabes with positive Wassermann in blood or spinal fluid or both, the outlook for benefit is good if the treatment is persistently carried out. Time has not yet sufficiently elapsed to justify definite

statements concerning possibility of absolute cure. In paresis there is divergence of opinion on the part of various workers. From the cases upon which this paper is based sufficiently encouraging results have been obtained to justify a continuation of the treatment and particularly persistence in its application. Certain conclusions have been reached as a result of the personal study here involved.

1. Salvarsan is preferable to neosalvarsan, both from the clinical and from the serological standpoint. When properly prepared, the reactions are not materially more numerous or more severe.

2. Salvarsan alone is less efficient than when accompanied and followed by mercury preferably in the form of the salicylate intramuscularly.

3. Treatment should always be controlled by repeated blood examinations. It is accordingly best administered by one in close touch with a well equipped laboratory.

4. In view of our present knowledge, treatment of any form of this disease has been inadequate when salvarsan has not been employed.

5. In tabes and possibly in paresis, a practically hopeless disease has been transformed into one where much benefit can be confidently anticipated. Here the intraspinous route is the one of choice and this treatment should only be administered by one specially trained in laboratory technic.

6. Syphilis has been transformed into a disease capable of being accurately watched and efficiently treated.

Discussion

Dr. James Krauss, Boston: To appreciate the proper value of salvarsan treatments, it is important to remember the pathology of syphilis. Emphasis has been laid on the fact that the tertiary stage of syphilis is the potential stage for treatment with the salvarsans. This is a mistake. The tertiary stage consists of localized lesions and organs and tissues more or less damaged. Even Wechselmann admits that salvarsan treatments are not innocuous if parenchymatous organs are damaged. We must not overlook the fact that salvarsan treatments are not the last word in syphilis; that we knew how to treat syphilis before salvarsan came upon the stage, and that we are going to continue to treat syphilis with mercury especially, and with iodid of potassium, and other drugs. Salvarsan is an arsenical preparation, and is homoeopathic for the weakness, the anemia, the debility that goes with syphilis, and the time will come when this will be

recognized. I had occasion to discuss a paper by Dr. Collins, of Chicago, in which I made that statement. Salvarsan is more effective in the early stages of syphilis than in the last stage. When the spinal cord is destroyed by degeneration, no treatment, salvarsan or any other treatment, will cure. Treatment in spinal syphilis may be effective in the hyperemic, the inflammatory state of the nerve structures preceding the degenerative changes. For the degenerated structures of nerve syphilis, salvarsan or neosalvarsan has no more effect than mercury or any other drug.

The Wassermann reaction is of great importance in doubtful cases of syphilis for diagnosis, and yet it is not conclusive. I had a patient sent to me who had been treated for twenty years consecutively for syphilis. He was sent to me with the request to give him four or five more salvarsan injections. The man never had syphilis in his life. He was suffering from histogenous auto-intoxication. A Wassermann is of value only with clinical evidence of syphilis. The Wassermann must have an evidential clinical basis. The trouble is that we do not look for the clinical evidence. We have lymphatic glandular infection, an evidence that remains for years. We have scars, we have changes of mucous membrane, and various other changes. In this craze for salvarsan treatment, which is happily on the wane, many men have received salvarsan that ought not to have had it, while many men that ought to have received proper antisyphilitic treatment have been let loose upon the community without adequate treatment.

Dr. A. C. Tenney, Chicago: I would like a little information on one point. I did not quite get the basis regarding the interval between the intraspinous treatments. Dr. Watters mentioned a "laboratory period" of two weeks. I would like to know more regarding the interval.

Dr. Erwin Schenk, Des Moines, Iowa: I was at the Metropolitan Hospital for several weeks past, and Dr. Noguchi, who has made a great many of his experiments at this hospital, says that he simply put the luetin test aside as being of no value. He is disappointed in it. He says that this does not mean that he is not going to have any more such test, but he is not satisfied with the present one.

In the same hospital I discovered that Dr. Smith, for instance, will send in a request that his patients always be given neosalvarsan, while Dr. Jones will send in a request that his patients be given the old salvarsan, so that there seems to be still a division on the subject as to which should be used.

Dr. W. O. Forbes, Hot Springs, Ark.: This is a rather interesting subject to me, but I shall have to say "Amen" to my friend, Brother Krauss, in regard to treatment. We have not reached the time yet where we can afford to lay too much stress on the value of salvarsan or neosalvarsan. These arsenical preparations are new, and they have not been tried out sufficiently to prove what they are going to do. We know that our old cases of syphilis, the perisyphilitic conditions or nervous syphilis, come usually after five, seven, or fifteen years. This drug has only been in use in this country for a period

of about three years, and there is a big mistake being made by physicians who promise to cure. Salvarsan and neosalvarsan have been injured by charlatans to a great extent. They promise a cure "while you wait." There is a tendency among many of the better physicians to think that they can do too much with salvarsan; they do not follow it up with mercury. Now Ehrlich in his latest writings speaks of using it in conjunction with mercury.

Dr. F. M. Dearborn, New York: Salvarsan and neosalvarsan are but two more remedies for syphilis. I do not believe that their eminent discoverer ever intended them to be anything else. I had the great pleasure of listening to Professor Ehrlich, some years ago, and in his talk he said (I cannot exactly repeat his language because my German is rather poor,) "God preserve me from my friends." He meant by that, the misinterpretation of his own views. He showed the greatest judgment himself in the cases selected. I do not believe that salvarsan is any more indicated in every case of syphilis than iodid of potassium. It is a wonderful remedy, and the same may be said of neosalvarsan. So far as the dermatological symptoms of syphilis are concerned, I would say that in the secondary stage neosalvarsan has given more satisfaction than salvarsan. I had hoped that Dr. Watters' paper would be devoted to neosalvarsan, as there is much less known of it than of salvarsan, and from a dermatological standpoint the results are much better than with salvarsan.

Dr. L. T. Ashcraft, Philadelphia: I cannot bring myself to believe that we have arrived at the time when we can treat syphilis with a test tube and a particular remedy. I have seen a great deal of syphilis in the out-patient department in Philadelphia. We had enormous clinics, and we never heard of salvarsan in those days. We followed up a great many cases both in public and private practice. We found that the patients married, and their wives presented them with healthy children, and they are in very good shape at the present time. Mercury is a grand remedy.

Our pathological friends can take a number of red corpuscles from a patient suffering from syphilis, and a count is made; mercury is given, and another count is made, when they will find an increase in red corpuscles, and there are signs of well-being. The same is true of iodid of potassium. I have seen an unhealthy ulcer covered with fresh granulations after a week's course in iodid of potassium. I have seen the maniacal paroxysms of men with brain syphilis calm down; I have seen the hallucinations and delusions of patients disappear almost miraculously under iodid of potassium, and I am sufficiently old fashioned to believe that a little mercury and iodid of potassium will do great good. I have a pathologist in my office because I am so ignorant I cannot do this pathological work myself. I have him make these tests for me.

When it comes to giving salvarsan in the vein, (and it is fashionable to give it in the vein) I always regret that I do not shoot it into the muscles. In fact, I used to have my Wassermanns come back a little less positive after the intramuscular than after the

intravenous, and I believe it is a better way to give it. Of course there is some pain and distress that way.

I have had no experience personally with the treatment of cerebrospinal syphilis with the salvarsanized serum. I had expected to give the treatment last Saturday, but was obliged to be away. My pathologist gave it, however, and the man had a fierce reaction, and we almost despaired of his life. He has been in a terrible way.

I must confess my mind is not thoroughly settled on the subject of treatment of syphilis. Probably salvarsan or neosalvarsan, intramuscularly or intravenously, plus a course of mercury is the best; yet if I were to choose two remedies I think I should rely on mercury and iodid of potassium.

Dr. E. Everett Rowell, Stamford, Conn.: In regard to the frequency of intraspinal treatment there is I believe no hard and fast rule. Usually I give the treatments about two weeks apart, although in one or two cases I have given them at intervals of one week especially if I didn't get very much reaction following first treatment. I think neosalvarsan if used in proper dosage is fully as efficient as salvarsan and it is certainly more convenient and easier to use than salvarsan. It usually is a matter of choice for the operator, some preferring salvarsan and some neosalvarsan. The results I believe are the same. As for using it, I must confess to being an extremist.

Every case of syphilis which comes to me for treatment, if there are any clinical symptoms present and especially if the laboratory findings are positive, receives salvarsan followed by hypodermic injections of mercury.

Dr. Krauss thinks that salvarsan should only be used in early cases of syphilis. It has been my experience that the indications for arsenic are more apt if possible to occur in the later stages.

Dr. Watters: (Closing the discussion). It was the farthest from my intention to give the impression that I thought salvarsan was the last word in syphilis. Such is not the case, of course. The injection of salvarsan has been the means of giving to us a much more efficient means of treating the disease than we have had heretofore in our possession. It will not do everything alone, but it will do more alone than will mercury or iodid. The best results, however, will be obtained from a combination of the two as I tried to outline. Dr. Krauss has spoken to the question, and I will not go into detail except to state, that if I were so inclined I would take issue with the Doctor in connection with what he says about salvarsan being useless in the tertiary stage. I would ask that he take the place of the patient who has the tabetic pains, with the unpleasantness and hopelessness of that condition as we have all seen it, and have by his bedside a similar patient having the same condition; see that other patient receive the salvarsanized serum and in a few days be comparatively comfortable, in a few weeks have the ability to walk, the reflexes improved, and many of the various symptoms disappearing satisfactorily. I think that that would be sufficient to satisfy even Dr. Krauss that there is some benefit in the salvarsanized serum in

the tertiary stages of the disease. It certainly would convince most of us. That has happened in our personal experience, in cases in which the iodid has been used, the mercurials have been used, and intravenous salvarsan has been used. That is a matter of facts, and such facts are strongly convincing.

Concerning Dr. Schenk's question about the neosalvarsan and the old salvarsan, I have used the neosalvarsan hundreds of times, and the salvarsan rather extensively, and as I said the clinical results with neosalvarsan were probably equal to salvarsan, but the laboratory results were not as satisfactory. I found that with the use of salvarsan I could get more readily definitely permanent negative Wassermanns than with neosalvarsan. Therefore, I have gone back to salvarsan, and I think my findings are in accordance with the findings of others who have used it extensively.

I must confess, however, that the ideal method of treating syphilis is where the laboratory men and the clinicians work together. A man may have a Wassermann reaction positive, and routine treatment may be instituted, but that patient is not cured. Even though his symptoms disappear he is not cured. Ten or fifteen years later he may wonder why he cannot walk, and old manifestations of syphilis may come on. I do not say that these conditions will not follow salvarsan. Sufficient time has not elapsed to demonstrate this.

One of the members speaks of mercury. Salvarsan is not to replace mercury, but to augment the action of mercury. Mercury will always have a place in the treatment of syphilis. It is not a question whether one remedy is of greater value than another, but whether by the use of salvarsan we can treat a patient better than we can with the use of mercury alone. The combination gives the best results.

From a laboratory man's standpoint it appeals to me strongly, that where we have a positive diagnosis the thing to do is to use the indicated remedy.

Every man is not a skilled diagnostician. Some cases are typical while some are not. Surely no one can say that no case in his or her practice has ever been overlooked. The Wassermann reaction will overlook some, and the Wassermann reaction should not be the last word. The ideal is to combine the clinician and the laboratory worker. Get all the information we can from every source, but I do not think it is wise to say that a man can always recognize syphilis without a laboratory examination, because it will frequently show under such an examination where clinically it will not; and clinically it will sometimes show, where in the laboratory it will not.

Concerning the intramuscular treatment, I would take issue with that. The idea is to get the action of the salvarsan immediately, or as soon as possible, and then get it out of the way. Emphasis was placed on this in a paper this morning more than I have done this evening, that is, the necessity of elimination to get rid of the drug as soon as possible.

Dr. Ashcraft: Is there any great difference of opinion among clinicians on that question?

Dr. Watters: Not in my experience. I know from personal experience that if a patient comes into the hospital in Boston, who is constipated, or who has had a hearty meal just before coming in, that patient is going to have much greater reaction than when the stomach is empty. The thing to do is to get as much into the blood as possible, and then get it out.

CAN PSORIASIS BE CURED BY ISOTONIC SEA WATER?*

By Rollin H. Stevens, M. D., Detroit, Mich.

Psoriasis is said to comprise at least 2½ to 3% of all skin diseases known in this country, and about 7% in the old country. Yet, while we are familiar with its clinical appearance, its microscopical picture, its (up to the present) incurability, its tendency to improve under certain conditions, yet we know nothing concerning its real nature and cause.†

About six years ago the writer became interested in the use of isotonic sea water in skin diseases, after seeing the results of this work in the *Dispensaires Marins* in Paris. Cases of psoriasis "cured" by injections of isotonic sea water were presented.

On returning home the treatment was tried on two or three cases for a long time, but without any marked results. In these cases 75 to 150 c.c. of isotonic sea water, prepared in the writer's own laboratory, were injected twice a week.

The sea water was secured from the Marine Biological Laboratory at Wood's Hole, their instructions being to get the water in sterile carboys at considerable depth (30 feet), several miles out at sea, away from possible coast sewage. The water was then prepared as follows:—It was diluted in the proportion of two parts of sea water to three parts boiled tap water (at that time, but later freshly distilled water has been used instead of the tap water), filtered through filter paper and then through a

*Abstract of paper read by title, Bureau of D. and G.-U. Dis., A. I. H., 1914.

†Authors quoted: Lange, Unna, Maurias, Ravogli, Auspitz, Weyt, Fox, Polotebnoff, Campana, Bulkley, Schamberg, Hyde, Insen, Kromayer, G. Jorgevik, Savnik, Bruck, Politzer. Also Journal of Cutaneous Diseases, Nov., 1913, presenting studies showing a remarkable retention of nitrogen in psoriasis cases, and further retention of nitrogen proportional to severity of disease.

Chamberand filter once (later it has been filtered through the latter filter twice) into sterile glass ampules or bottles ready for use. This was then injected by gravity into the deep tissues of the hip just under the trochanter major.

The results being unsatisfactory in these cases no more were treated until three years ago, when following a suggestion received from Paris, larger doses 600 to 700 c.c. were administered every week or ten days. The results were very different.

1. Mrs. K. Age 48, began treatment in 1909. Nummular patches on body, arms and legs for fourteen years. Large red scaly patches on both legs. Itching considerably. Began treatment with vaccines of staph. aureus secured from beneath scales. No very marked improvement. Gave x-ray with usual temporary relief. Isotonic sea water injections with small doses tried several months, using vaccine and x-ray also occasionally, but only temporary relief for short periods and new patches kept appearing.

Finally in July, 1912, large doses, 700 c.c. of isotonic sea water, were given once a week to once in two weeks; (patient lived fifty miles away and could not come to office very regularly) the improvement was immediate and marked. After eight doses the eruption completely disappeared.

In November, 1913, three small spots size of half dollar appeared on left leg and thigh. Doses of 640 c.c. to 880 c.c. were given five days to two weeks or more apart. Improvement began after first dose and the patches after three months almost completely disappeared and did not itch. She then discontinued treatment and did not return until the time of this writing (June, 1914,) when she was feeling used up, tired out, etc., and she wanted some more treatment. There were two small patches just below right knee, which had not disappeared since last treatment, but they were not troubling her and she had not thought it worth while to treat them before this.

2. Miss H., aged 25. Acute general psoriasis, has had scaly patches on knees and elbows for eight years. A month before treatment general eruption of guttate type appeared. Seven injections of 200 c.c. each caused the eruption to disappear, except on elbows. Patient then discontinued treatment and has not reported in two years.

3. Miss J., aged 15. Psoriasis guttata general over whole body. Five years duration. No trace of eruption was left after ten injections of 200 to 400 c.c. each, once a week from May to

August, 1913. Improvement began immediately after first injection.

4. Mr. E. Age 50, old sailor, had rheumatoid arthritis. Psoriasis for twenty years. Both legs covered with large inveterate patches—on arms, chest, trunk and scalp. In hospital several weeks treating for arthritis, which was not improving; referred to Dermatological Department for the psoriasis. Injected 700 c.c. Improvement in psoriasis noted the day following. It was paler, scales less adherent. Improvement continued daily. In a week a second injection of same size was given. By this time improvement was very marked and continued. Before it was time for a third injection he contracted a membranous sore throat which was thought at first to be diphtheria. He was isolated and given antitoxin. It was more than three weeks before he again came under the sea water treatment. By this time the eruption had returned to about its former condition. Two injections were now given about ten days apart, and as at first the eruption began improving the day following the first injection and rapidly faded each day. After the second injection this time, he was discharged from the hospital. His arthritis was much better. He took two more injections afterwards and the eruption had completely disappeared. That was last February and the patient has not returned since.

5. Mr. W. Age 45. Has had psoriasis since three years of age. Quite extensive over whole body. For past four years has found temporary relief by going to Atlantic City and bathing in the sea. He says his psoriasis improves immediately and will disappear after a few days bathing there.

Six injections of 640 c.c. at weekly intervals were given from March to May, 1914. Improvement was immediate and marked. He did not return for treatment after May and has since reported he is all cleared up.

6. Mr. D. Age 18. Psoriasis began one year ago. Began treatment April 7th. Took four injections until May 1st, since which he has not reported. Improvement began after the first dose and continued, but he was not cured completely when he last reported. Reason for discontinuing treatment and present condition unknown.

7. K. B. Age 11. Psoriasis for five or six years. Thick nummular and discoid patches with much scale all over body, particularly limbs. Gave 200 to 440 c.c. at weekly intervals for

three months with slight improvement at first, but later relapse with new spots. I diminished the dose to 200 c.c. or less and improvement after three weeks of this has again set in. Still under treatment.

8. Dr. X. presented himself for treatment in 1911. Age 30. General eruption over body appeared one year previous to treatment. No history of syphilis, but Wassermann was positive. Had had psoriasis on elbows and knees since boyhood. Was doubtful about diagnosis whether syphilis and psoriasis, or just psoriasis, until Wassermann proved positive. Gave intravenous injections of 0.6 grm. salvarsan at two weeks' interval, followed with salicylate of mercury injections. Wassermann has been negative about a year. The general eruption had mostly disappeared after the salvarsan, but some psoriatic lesions remained. For several months he took 600 c.c. of sea water with result that there is now but a slight patch on one elbow remaining.

9. Frank O. Age 15. Psoriasis for several years. Quite extensive over whole body. Poorly nourished, tall thin boy of moron type. After two injections of 200 c.c. each, is showing marked improvement; still under treatment.

10. Mr. K. Aged 43. Father has "salt rheum." Patient vaccinated as child three times; did not "work." Twenty-five years ago he was vaccinated again. It "worked." Three months later he developed psoriasis. Now there are extensive lesions over most of body; has had much stomach trouble. He came a year ago for treatment, but lived 150 miles from city and did not think then he could take sea water. We put him on a strictly vegetarian diet, which he adhered to for a few months with improvement in psoriasis. Then he began a liberal diet and the psoriasis relapsed as bad as ever. For last three months has adhered to his diet again and psoriasis is a little better, but is still quite extensive. Sea water treatment began May 16, 1914, with injection of 700 c.c. Injections of same amount were given on the 22nd and June 1st. Severe reactions, chill fever and aching all over and inability to do business for two to four days followed each injection and distinct aggravations of the eruption with later a little improvement. These reactions after large doses are quite common, though the eruption does not usually grow worse. Ordinarily the reaction, if it appears at all, comes about four hours after the injection and may not last more than one hour or so and consist of no more than a slight nausea, or chill

or headache. We have concluded the dose is too large in this case and have started in with smaller doses.

11. Miss W. Aged 57, a school teacher. Palmar psoriasis, patches on elbows and back of head for many years. Injections of 700 c.c. have been given at weekly intervals with three or four intermissions of two or three weeks past twelve months. Improvement was marked from the first and the eruption cleared from the hands and elbows, but the one small discoid patch in the scalp has not completely gone. In school the chalk, etc., keep her hands dirty all the time and appear to aggravate the trouble, which has relapsed slightly in the intermission when she had no treatment.

12. Mrs. B. Aged 35, a frail, neurotic woman, married fourteen years, one child three years ago lived only few hours. No miscarriages, no luetic history. Seven years ago, after getting wet and having suppression of menses, psoriasis developed. Gas and distress in stomach, and retroverted uterus. Inveterate nummular and larger patches all over body, particularly back of limbs, where patches are infiltrated, elevated above skin, red and scaly. Scalp a mass of scaly patches extending beyond border. Itching and burning intense and severe. Began treatment March 24 and have given eleven doses of 640 c.c. at about weekly intervals with no improvement, but the eruption has increased and her general condition has not improved. Have finally given x-ray and changed to smaller doses of about 150 or 200 c.c. The x-ray, of course, has caused the eruption to fade and as yet the final verdict seems a long way off.

None of the above cases had any treatment other than the injections of isotonic sea water, except where stated. In 75% of the twelve cases the fading of the eruption has begun promptly after the injections, which at least makes the treatment worth while even if no cure is effected. In 25% there was distinct aggravation from the large doses, and it is too soon to say whether the results in these cases will depend in any way upon the dosage.

In most of the 75% of the twelve cases of psoriasis, and in most of cases of other diseases in which the sea water has been used, there has been an improvement in the general health,—a feeling of well-being after a few doses of sea water.

As to the theory of the action of sea water in psoriasis we have nothing well founded to offer, as we are absolutely in the dark as to the nature of the disease. We believe, however, from

many painstaking analyses by Quinton of the College of France, to whom we are indebted for most of our knowledge concerning sea water, that it contains many of the elements in gross or infinitesimal quantities, as does also the animal plasma: that in all probability the animal plasma is the same sea water which was the vital medium of the first cell which probably originated in the sea.

It may be a little premature to go as far as we have in this paper until we know more about both the disease and the remedy tried, but the results gained warrant a more extended and careful investigation of the relationship between sea water and psoriasis.

CYSTOSCOPY: THE BASIS OF BLADDER AND KIDNEY SURGERY*

By James Krauss, M. D., Boston

It is now thirty-five years since Nitze first demonstrated his cystoscope. Cystoscopy has enabled us to view the interior of the bladder without a cutting operation, to ascertain lesions of the prostate, the bladder and the kidneys. The cystoscope has become for the urinary organs what the ophthalmoscope has become for the eye and the laryngoscope for the larynx. Judging from the numerous papers published on cystoscopy and cystoscopes, one must conclude that cystoscopy is practiced extensively. Nevertheless, to one who has practiced cystoscopy systematically for over eighteen years, it must be apparent that the scope and value of cystoscopy is not yet fully appreciated.

Cystoscopy is the basis of kidney and bladder surgery. If we consider the history of urinary surgery and in the most generous spirit pass in review the work of men who have contributed to its progress, men like Civiale, Thompson and Bigelow, Maisonneuve, Mercier and Brodie, Home, Dittel and McGill, Bardenheur, Simon and Tuffier, Ultzmann, Guyon and Israel, every one a giant in his field, we must conclude nevertheless, that the great progress in urinary surgery dates from the year 1879. All the progress up to that year brought no such basic contribution for the scientific practice of urinary surgery as Nitze made with his

*Read before the S. and G. Society of the A. I. H., Atlantic City, N. J., July 2, 1914.

cystoscope and his cystoscopy. By cystoscopy we do not merely explore the bladder. We examine the prostate as well as the mouths of the ureters. We catheterize the ureters and may enter the pelvis of the kidneys. By cystoscopy we ascertain the functional capacity and activity of each of the two kidneys. We ascertain whether the prostate, the bladder or the kidneys be affected. If the disease is a kidney disease, we ascertain by cystoscopy whether both kidneys or only one kidney be affected, and if only one kidney be affected which one of the two kidneys actually is affected. More than this: By cystoscopy we discover diseases of the prostate, the bladder and the kidneys sooner and make our indications for treatment accordingly better. This is not fully appreciated even by cystoscopists. Cystoscopy is the basis of intravesical and intraureteral surgery. This is often readily granted; but it is not generally granted that cystoscopy is the basis of extravesical bladder and renal surgery. To emphasize this matter in its proper light, is my justification for what I am about to submit. We hear it often stated that we must avoid generalizations in surgery as we do in medicine. Cystoscopy more than any other instrumental method enables us to individualize the surgery of the bladder and the kidneys. It thus becomes the basis of bladder and kidney surgery.

Prostatics need no longer die of urinary sepsis, ascending pyelonephritis and pressure atrophy of the kidneys. When the cystoscope reveals in one picture both the prostatic fold and the mouths of the ureters we are certain there is prostatic hypertrophy encroaching upon the bladder. In a normal prostate, the prostatic fold and the mouths of the ureters can never be seen in one cystoscopic picture. Cystoscopy decides between vesical retention and pseudoretention, and directs us to aseptic catheterization or to prostatectomy.

Stones in the bladder may be discovered when they are small and when litholapaxy may be practiced in preference to the more dangerous lithotomies, suprapubic or perineal. Patients need not be kept in bed for five or six weeks at a stretch, for years and treated for cystitis and frequent urination. One such patient of 59, referred to me by Dr. Lamb of Haverhill, came with an immense stone in the bladder, the accumulation of years of suffering. The stone showed up beautifully on cystoscopy. I re-

moved it by suprapubic lithotomy as it was too large for litholapaxy (Fig. 1). Three years later the patient was operated elsewhere for supposed gall bladder disease because of apparent icterus. No gall bladder disease was found, I am informed, but the patient died. The icterus was undoubtedly due to urinary sepsis. If the patient had been cystoscopized, he would have been treated on urinary lines, and might have lived on for some time. The late Dr. Stedman of Brockton brought me a patient suffering from burning in the urethra. On cystoscopy, I found bilobar hypertrophy of the prostate, trabeculæ and two grayish concretions in the recessus prostaticus. A patient of 58, referred to me by Dr. Pillsbury of Lowell, had been kept two weeks under observation in one of our largest hospitals and six more months under observation by physicians. With the cystoscope, I found a galaxy of 27 stones, which I removed with an enlarged prostate by the perineal route (Fig. 2). Cystoscopy, in the necessary preparation of the patient and the actual visual examination, discovers the instrumental tolerance or intolerance of the bladder, the size of the stone, its position—whether free, in a diverticulum or in the prostatic recess,—the passableness of the urethra; in short, the indications and the contraindications to litholapaxy and lithotomy.

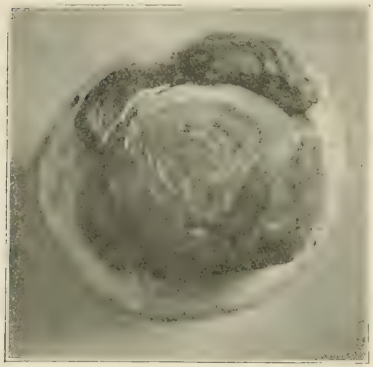

FIG. 1.

Foreign bodies are readily recognized by the cystoscope. Their constitution—glass, threads, pins, needles, catheter pieces, sealing wax, etc.—and their position being ascertained, their removal may be attempted intelligently. Suprapubic cystotomy is not always necessary. Solid pieces may be aspirated. Even a piece of glass may thus be drawn into a large aspirating metal catheter and removed. Incrustations of paraffin bougies and catheters

may be dissolved with benzin and like fluids. Hair pins may be drawn out between the jaws of a lithotriptor under the guide of the cystoscope.

Tumors of the bladder show the usefulness of cystoscopy more than almost anything else connected with bladder pathology. It ought to be an axiom when a patient complains of spontaneous hematuria never to subject him to instrumental manipulation other than cystoscopy, for palpation of bladder tumors with a searcher results inevitably in hemorrhage; hemor-

FIG. 2.

rhage results easily in sepsis, trauma and sepsis easily change a benign tumor into a malignant one. The axiom is: first see, then touch. The tumors are usually found near the internal vesical orifice. Most of them are benign, pedunculated and can be removed intravesically by the cystoscopic snare or the high frequency spark or current applied through a cystoscope. If in doubt as to the benignity of the tumor, the operating cystoscope may be employed for the taking of portions of tumor tissue for microscopy. A broad-based growth may be benign or malignant. The base of a malignant growth infiltrates the bladder wall, and

cystoscopy thus furnishes the most natural guide for us to decide whether a tumor in the bladder be benign or malignant. If the bladder shows a good capacity for holding the amount of fluid necessary for proper cystoscopy, this already speaks against a malignant tumor. An infiltrated bladder rebels against distension. Cystoscopy thus decides for intravesical or extravesical operations, for suprapubic cystotomy with excision or cystectomy with urethrostomies or nephrostomies.

Armed with the cystoscope, we are no longer justified in giving a diagnosis of chronic cystitis or renal colic. Chronic cystitis is usually secondary to disease of neighboring structures, pressure, agglutination or perforation of female genitals (parametritis, pyosalpinx, dermoid extrauterine pregnancy, uterine cancer, etc.), fistulous tracts from the intestines or female genitalia. Rupture of appendiceal abscess into the bladder has resulted in the formation of concretions consisting of vegetable fibre, cholesterin crystals, half digested muscle fibres, etc. Chronic cystitis is secondary to obstructive disease of the urethra, gonorrheal or non-gonorrheal, but especially to septic disease of the kidneys and ureters, chronic suppurative nephritis, calculous pyonephrosis, tuberculous nephritis. A sudden cessation of renal pain with marked increase of pus in the urine indicates a possible rupture of a renal collection of pus, pyonephrosis or pyelonephrosis, and its discharge through the corresponding ureter.

An abnormal change in one or both of the mouths of the ureters observed through the cystoscope involves the corresponding kidney or kidneys, and the cystoscope thus becomes the basis for both symptomatic and anatomic treatment of the kidneys and their ureters. We enter the mouth of a ureter with a catheter and may strike a stone so low that it may be removed intravesically by the operating cystoscope. Ureter stones are often overlooked because only the kidney is radiographed or not even the kidney is radiographed because no cystoscopy is practiced and consequently the ureters are not catheterized. When a stone is found it often happens that there is an unlooked-for adviser somewhere around who makes the patient hesitate to submit to an operation. A patient, 28, complaining of frequent micturition, of hematuria ten months previously, of pain when not urinating and pain after urinating, especially in his left kidney and more especially when he was on his feet, showed on cystoscopy a bulg-

ing left ureter, but on catheterization the left ureter presented no obstruction. Nevertheless the diagnosis of stone was made and the radiograph, made by an expert, Dr. Prichard von David, shows a stone near the lower pole of the kidney, in the parenchyma, near one of the calices. Pyelography may show up the position of a stone more beautifully in the dilated pelvis or around a calyx, but is not without danger and is really not necessary. It depends upon previous cystoscopy and catheterization of the ureter and these are in themselves sufficient, in conjunction with a plain radiograph of the kidneys and ureters, to diagnose the presence and the position of stone with the necessary surgical treatment—in the vesical part of the ureter, intravesical operation; in the supravesical part, glycerin injections with temporary or permanent catheter, cystotomy, ureterolithotomy alone or combined with pyelotomy and nephrotomy; in the dilated pelvis, pyelotomy; in the vicinity of calices and cortex, nephrotomy; multiple stones disseminated in the parenchyma of the kidney, nephrectomy. In a patient from whose right kidney I removed a beautiful uric acid stone against the x-ray report that the shadow was too indistinct for the view to be considered positive, I relied entirely and rightly upon the fact that on cystoscopy I found the right ureteral mouth bulging forward like a tumor, large and red. Cystoscopy makes possible early recognition of kidney stones and their early removal before kidneys suppurate and atrophy.

As we pass the catheter along the ureter we may meet with obstruction other than stone, a stenosis caused by flexion, torsion, spasm, ligature, injury, compression from neighboring structures. The obstruction of a distinct kink makes the diagnosis of a displaced kidney. A passenger on a train colliding with another at Avonsdale was brought to me by Dr. Stedman. The patient presented in the right lumboumbilical region a tumor giving the distinct contour of the right kidney. No kidney was palpable in the right hypochondrium. Both tumor and displaced kidney were denied by surgeons of the road and by neurologists. The catheter introduced into the right ureter met with an impassable obstruction, the kinked ureter of the displaced, fixed traumatized kidney; and upon the report of my findings submitted to the attorneys of the case, the road paid $18,000—in settlement for the injury. The important point in the matter, however, is that cystoscopy not only diagnoses these cases, but directs to the proper

treatment of these displaced kidneys: nephropexy, if the kidney is replaceable; nephrostony, for re-establishment of the secretory function of the kidney; nephrectomy, for the fixed, inactive kidney, incapable of further secretory function.

Cystoscopy has made it possible to remove tumors of the kidney before they have reached the stage of easy palpation, and the resulting excisions and nephrectomies are accordingly not so fatal. In babies and young children, the surface of normal kidneys is more or less nodulated, but in grown people nodulation means tumor and the stage of nodulation is often preceded by what is generally conceded to be the first symptom of a renal tumor—hematuria. Who would today consider the free exposure of the two kidneys a necessity for tumor diagnosis, even though this recommendation carries such an eminent name as that of Professor Küster? An early diagnosis is of the utmost importance in the case of renal tumors, and the earliest possible diagnosis can be made by cystoscopy. The blood coming from the corresponding ureter makes a characteristic, unmistakable picture, and when bloody urine prevents immediate cystoscopy, rest, avoidance of careless renal palpation, medicines will bring on an interval when cystoscopy is possible. Hematuria and skin pigmentation speak for hypernephroma. Slow growth speaks for cancer. Blood with hydronephrosis speaks for a polypus in the hydronephrotic sac. Dilatation of the anatomic pelvis, alone, or with dilatation of the calices of the kidneys, can be distinguished from solid tumors of the kidneys most satisfactorily by the ureteral catheter passed in cystoscopy. The essential hematuria of nephritics is distinguished from tumor hematuria by cystoscopy and catheterization and subsequent analysis of nephritic elements of the urine. Thus, by cystoscopy, we are guided to decapsulation for nephritic hematurias; to ureteral catheter drainage or pyeloplication or ureteral anastomosis for hydronephrosis; to excision, partial and complete nephrectomies for obliterating tumors of the kidneys.

For renal suppurations, cystoscopy is indispensable. By carrying the catheter into the pelvis of the kidney, we distinguish at once between infection pyelitis without dilatation and secondary pyelitis with dilatation, and know at once that in the first case, hematogenous infection with involvement of the renal parenchyma, flushing of the pelvis will do no essential good, as it may influence only the inflammatory manifestations of the renal

pelvis, while in the latter case, an infection following a pre-existing dilatation, flushing of the pelvis and catheter drainage will do good by affecting both the infected pelvis and the stenosis and muscular atony leading to dilatation. Cystoscopy and catheterization of the ureters have the final word in the diagnosis of pelvic and ureteral obliterations, permanent in pyonephrosis, more or less temporary in pyelonephrosis; in ascending pyelonephritis with and without retentions; in cystopyelonephritis, gonorrheal, tuberbulous, septic. Gonorrheal cystitis is usually a trigonitis; tuberculous cystitis, a meatitis; a septic cystitis, a disseminated cystitis; a malakoplakiac cystitis, a disseminated focal softening of the bladder mucosa with healthy interspaces. In persons having only one kidney, the trigonum vesicæ is absent. If there is pus in both kidneys, retention of pus in one kidney calls for a nephrotomy rather than a nephrectomy. How can this be decided except by cystoscopy and consequent catheterization of the ureters? A minister, 38, comes with hematuria that has been going on for six to eight weeks, painless, night and day; previously, for six months, nocturnal frequency. Cystoscopy traced the discharge of pus and blood to the left ureter; the ureteral catheter brought only bloody and purulent urine, met no obstruction; the radiograph, made by Dr. Prichard von David, showed the left kidney like a pus sac, visible like bone, the right kidney non-visible. Three weeks later, the hematuria ceased. Both patient and attendant decided that the cessation of the symptom meant the cessation of the disease, and the proposed nephrectomy was refused. By cystoscopy, renal tuberculosis is now recognized so early that early nephrectomy has reduced the former death rate of 20% to the splendid results of Zuckerkandl of 2%. Cystoscopy has made possible the early recognition of circumscribed renal abscess resulting from acute, purulent, infectious nephritis and made possible early decapsulation and incision of foci as against mutilating nephrotomies and nephrectomies. In renal tuberculosis, cystoscopy is by far more important and more informing than palpation. It recognizes tuberculosis early, when, usually a tuberculous kidney, being of an inflammatory rather than neoplastic nature, is often unrecognized because it follows without interval postgonococcic cystitis.

My theme is not exhausted, but in closing I must not omit to call attention to the most important fact yet to be emphasized

that by cystoscopy we are enabled to discover not only macroscopic but also microscopic states of pyuria and hematuria, and that therefore, cystoscopy may and ought to be employed in premonitory states of polyuria and oliguria, to test the secretory capacities and activities as well as the secretions of the two kidneys separately at an early time, for in cystoscopy as well as radiography we must compare the two kidneys. The salvation of patients suffering from diseased bladders and kidneys lies in the early recognition and consequently more adequate treatment of the diseases of the bladder and the kidneys.

Ambidexterity: Why should humans be any more right-handed than other animals? Is it a result of evolution, environment, heredity; or is it the gift of the speech centre which has brought about this right-handed predilection? If we are to accept the findings of our most careful students in brain localization we must believe that but one hemisphere does the real intellectual work of the brain, and that one is the left in right-handed persons, and the right in left-handed persons. . . .

Our manual school educators have made clear the fact that brain and hand education go together; that there can be no *perfect* intellectual development in the child without manual education. The well known Montessori Method devised by Dr. Maria Montessori of the University of Rome is an amplified demonstration of educating the speech centres by educating the hands. Not only does she teach normal children with phenomenal success, by this method, but the mentally defective as well. The first thing which she teaches is the development of the sense of touch through the extreme sensitiveness of the peripheral nerves of the finger tips. This extreme sensitiveness, she believes, diminishes materially after the sixth year; hence the necessity of beginning the manual training early. In like manner she develops all the five senses. Her success in securing intellectuality through peripheral training justifies her theory. . . .

Frequently the physician is asked, Should the left-handed child be compelled to use the right hand? To this, modern knowledge can give a definite answer. No; not compelled, but rather urged to use the right hand *equally*, not neglecting by any means the *left* hand. It is undoubtedly true that there are children so markedly right-handed that they cannot acquire the use of the left hand. The reverse is equally true, and to compel such to use their right hand might materially interfere with proper mental development.—*N. E. Med. Gaz., May, 1915.*

NEURITIS: SOME SUGGESTIONS ON TREATMENT*

By William Harvey King, M. D., New York

I do not include in this paper any of the degenerative forms of neuritis, or any of those types which are at all general; such as multiple neuritis. I propose to confine myself purely to a localized condition of a nerve, and to the purely inflammatory type, as we understand inflammation with its resulting hyperemia When the perineurium is the seat of the congestion it is a perineuritis. If the tissue binding together the bundles of nerve fibers is the seat of the inflammation it is an interstitial neuritis, and when the fibers are primarily affected it is a parenchymatous neuritis. There are three distinct clinical types of neuritis which may consistently correspond with the above classification, yet it is improbable that parenchymatous neuritis exists idiopathically.

The inflammation, when we exclude the degenerative type, would naturally begin with the perineurium and work inwardly. The three types of neuritis which I am about to describe may be, and often are entirely distinct, yet they are at times so intermixed that it is difficult to draw the line, yet, if one observes closely in the early stage of the disease, it will be easy to distinguish one from the other. The description I shall give is drawn entirely from my own clinical experience, independent of various descriptions extant of the disease. There are many factors in the etiology of neuritis, many perhaps unknown, but there are three distinct causes which we recognize. Pressure from dislocation of the spinal vertebrae, growths of various kinds, splints or other apparatus which the surgeons make use of. Faulty position in standing or walking, producing that form of brachial neuritis which is so obstinate, will often be cured by certain exercises that develop a more erect posture. Sciatica may also be due to a dislocation of the vertebræ. This, I believe, is also the chief cause of intercostal neuritis. Deposits around broken bones may produce neuritis by pressure, and one of the most frequent causes is the pressure from scar tissue after operation. Neuritis from cicatricial pressure is more common after operations on the kidney than any other operation with which I am acquainted.

Another form of neuritis is undoubtedly rheumatic or gouty

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in origin. It is easy to distinguish this type, as it is so promptly and permanently relieved by antirheumatic or gout treatment.

There is distinctly a traumatic form of neuritis. By traumatism I refer to a distinct injury from the outside, and not such as I have described under pressure neuritis, which might be more or less traumatic in origin.

In those cases where the perineurium is the only part of the nerve involved, the attack is ushered in by a slight pain without any noticeable soreness, except on severe pressure. The pain is not well defined along the course of the nerve, but the patient will complain of a pain in the affected region. There is no numbness, no interference with movements, as this does not aggravate the condition, and for a long time it causes so little inconvenience that the patient often does not consult a doctor until weeks or months after its inception. As it progresses, its characteristics continue, except that the pain increases in severity. There is no change in the skin, no change in nutrition, the limb remaining, so far as inspection reveals, normal. As the disease progresses, the more the pain becomes confined to a certain group of nerves. This condition may remain for months or years, but usually clears up and the patient remains well. At no time is reaction of degeneration present. There may be, in the early stage, a slight quantitative increase, but even this is unreliable.

The type which represents the interstitial variety is, from the beginning of the attack, more severe than the foregoing. It is also more defined from the first, and the pain is accompanied by a diminution of tactile sensibility. The limb has a sensation of heaviness or weakness. If in the arm, the fingers seem stiff and the hand is closed with difficulty. As the disease progresses, the arm becomes more or less helpless, the joints of the wrist and arm are involved to a point of almost complete rigidity, but there is no deformity. Nutrition is interfered with, and the involved parts shrink. The skin becomes apparently thinner and paler, having sometimes a translucent appearance. The effect on the general health of the patient is marked. This condition never entirely disappears. The helplessness of the arm will remain long after the pain has ceased, and it will be necessary to work up the joints of the hand, fingers and wrist, and to increase nutrition in the parts. Much may be done in these cases to restore the arm to usefulness, but I do not believe the limb ever recovers from the effects of the attack.

The parenchymatous type is generally ushered in with a severe chill. The pain is very severe from the first, and the part affected soon becomes helpless. We have here a constitutional as well as a localized condition. Within a very few days from the onset of the attack, there are evidences of nutritional impairment. The joints are involved early in the attack. They not only become stiffened, but deformity takes place; toes are drawn out of position; the foot is drawn one way or the other; the fingers turn backward from the knuckles; the wrist assumes the shape of a silver fork fracture; the elbow becomes rigid. There is a quantitative increase in reaction during the first stage. This is quickly followed by a quantitative decrease, which is superseded by a complete reaction of degeneration. Recovery takes place very slowly, and I have seen progressive improvement for several years. I have, however, never seen a complete recovery. When the reaction of degeneration has been but slight, conditions may return to nearly normal, but when severe not much can be hoped for. To give back a useful limb is the best that can be expected, and the usefulness will always be impaired. Prognosis, according to my experience, is better when a nerve in the leg is involved than when in the arm.

The general management in the treatment of neuritis must be as varied as the conditions differ. One thing, however, is certain, the treatment must be entirely different at different stages of the inflammation. The object to be desired, in the early or rising stage, should be the cutting short of the attack, lessening the severity of the inflammation, preventing exudations and consequent plastic deposits, and, if possible, to avoid destruction of nerve tissue, and when this is impossible, to limit it.

The first principle involved in the treatment is perfect quiet and rest. Not only rest of the member as a whole, but prevent as much as possible the unnecessary conduction of impressions through the inflamed nerve. It is not difficult to carry this out in the severe types, as the pain and soreness not only incapacitate the member, but make the patient quite willing to enjoin perfect rest upon the affected member. With the less severe types, such as I have been accustomed to look upon as perineuritis, it will oftentimes be difficult to get the patient, especially a man, to give the required rest, and it is not so absolutely necessary here, although recovery would be more rapid. The treatment should be given with the idea of reducing irritation, lessening congestion and

soothing the pain. It may be necessary to give narcotics, and some rather strong ones in the more severe types, for they do less harm than the terrible racking of the nervous system which takes place without their use. They should, however, be avoided when the pain is not so great, and should be discontinued as soon as possible. The morphin habit has probably been acquired more frequently in the treatment of neuritis than in any other disease. With the rheumatic type, aspirin and other remedies of this nature will produce very rapid and permanent relief; when it is not rheumatic the relief will be only temporary.

Of the local applications, I believe there is none so effective, temporarily, as well as leading to permanent results as heat. It should not be understood by this that any kind of heat will answer the purpose, for radiant heat far surpasses any other form. The amount of radiant energy applied is important. It is just as possible to make too great and prolonged an application, as it is not to make application enough. When this radiant energy is applied, there first comes a blush to the surface. If the application is now discontinued, this will soon disappear. The application should, therefore, be continued until there is a deep redness through the entire member. At this point it should be discontinued, or the bright red color will change to a darkened hue, showing a venous congestion is taking place, and this should always be avoided.

The electrical treatment is also important. In my judgment, the application of the galvanic current, in the acute rising stage is best. I give a descending current down the nerve of not more than fifteen minutes' duration. The current is gradually increased to ten or fifteen milliamperes, and is gradually decreased. This treatment is given daily, and should be continued so long as those symptoms are present, indicating an acute active inflammation.

The treatment of the second stage does not differ from that of the first stage in the application of radiant heat, but the electrical treatment should be changed. High frequency currents should be substituted for that of the galvanic. The tin foil electrodes, well moistened and soaped, should be placed in the same position as were the galvanic electrodes, and a current of 1,000 ma. given for from twenty to thirty minutes. It should, however, be understood that in making the high frequency application the currents should be from an apparatus giving off a rate of frequency of at least two millions per second, that the appara-

tus is smooth running, and the spark gap working perfectly. If the apparatus does not fill these requirements, high frequency currents should not be employed, for a low rate of vibration, or an imperfect working apparatus, will aggravate rather than relieve the condition. Under such circumstances the galvanic current should be continued through the second stage.

In the beginning of the third stage, the galvanofaradic current may be employed, and the application made labile over the entire affected region. The active electrode employed for this purpose should be the one connected with the negative galvanic, while the positive is applied over the origin of the nerve. The heat application may be discontinued in this stage. We must invigorate and increase the conductivity of the nerve, improve nutrition to the entire region, by increasing the flow of nutritive fluid to the part, and stimulate metabolism. It is here where massage will assist, always, however, with due caution and judgment. This may be done so far as the electric treatment is concerned with the sinusoidal current. This sinusoidal current should play an important part in the treatment of neuritis, providing an apparatus is at hand from which a sinusoidal current can be obtained, and not merely an alternating current, and one that the rate of alternations can be graduated from twenty to three hundred per minute. If this current is applied early in the disease, in which it is at times very useful, the strength of current should never be strong enough to produce the slightest contraction. When it is given later in the disease, for the purpose of massage, the current should be of sufficient strength to produce gentle contractions with each cycle of the current, which should not be more than from twenty to fifty per minute. If, however, the muscles show a sign of weakening after a few contractions, the application should be made of short duration. Well regulated exercises should be carried on as a part of home treatment.

Hot and cold applications may be used. Any expedient which tends to improve nutrition, restore tone and vigor may be resorted to, providing it is done with caution.

Discussion

Dr. Alonzo G. Howard, Boston: Many cases of neuritis are treated without physical examination, notwithstanding the fact that examination is necessary to correct treatment. Subdeltoid bursitis may be the cause of neuritis in the fingers, or sciatica may be caused by flat-foot. Radiant heat at 160 degrees is a valuable therapeutic measure.

Dr. R. Montford Schley, Buffalo, N. Y.: In rheumatic cases, I have used injections of 100 minims of a 5% solution of carbolic acid over the nerve, and have given by mouth 400 to 500 minims a day. In many cases recovery has thus been obtained.

Dr. E. C. Williams, Hot Springs, Va.: I am in accord with Dr. Howard. Many cases diagnosed as neuritis are due to abnormal pressure somewhere in the course of the nerve from a contracted or hardened muscle or from a diseased and swollen periosteum. Thoroughgoing examination is necessary. As these conditions are relieved, the nerve returns to its normal state. Among the patients that have been under my care when visiting Hot Springs for treatment, very few of the so-called cases of neuritis have not been due to pressure on the nerve through some condition of the muscle, usually chronic myositis, and the removal of this would result in the entire relief or great improvement of the neuritis.

Dr. Roland T. White, Pittsburgh: I heartily concur with Dr. Howard, in his plea for a thorough examination in these cases to differentiate bursitis and analogous affections. Rest must be strongly accentuated as essential to recovery.

Dr. Cornelia C. Brant, New York: The galvanic current may be used with good results in treating neuritis. Since neuritis often results from intestinal and renal autointoxication, the sinusoidal current over the intestines, regulation of diet and liquids, and care of the general health all unite in effecting recovery.

Dr. Franklin F. Massey, Wernersville, Pa.: Dr. Brant's mention of autointoxication merits further comment. Adequate elimination is imperative in neuritis.

Dr. E. B. Hooker, Hartford, Conn.: Chronic constipation is often a causative factor in neuritis and should be overcome as a primary procedure.

The Ocular Movements: Physiologists have been at fault in ascribing to the eyeball a rotary motion at its equator. The motion of the eyeball is oscillation, not rotation. The center of movement is the macula lutea and not the equatorial diameter. The only rotary motion of the eyeball is that on an antero-posterior diameter which corresponds with the visual axis, and the posterior pole of which is the macula lutea. Tenon's capsule serves as a sling in which the eyeball rests, a hammock, as it were, and instead of the eye rotating at its equator in the capsule, it oscillates, swings or rocks on its posterior segment in all the degrees of an arc. The movement of the eyeball does not take place within the capsule, but between the visceral and parietal layers, friction being overcome by the endothelium lining and the lymph between, the center of movement being the macular region. —*George—A New Conception of Ocular Movements.*

PROPAGANDA IN THE SOUTHWEST*

By Wm. Davis Foster, M. D., Kansas City, Mo.

In the early spring of 1914 the American Institute of Homœopathy employed an agent to come to Kansas City, to investigate the condition of Kansas City Hahnemann Medical College; study the medical educational needs of the great Southwest and report as to the feasibility of saving this institution by reorganization; enlarging its scope and acquiring ownership of a hospital in connection therewith. After having made the survey and a thorough study, this agent reported to the Council on Medical Education that it is expedient to create here a model foundation for the teaching of medicine in all its departments and the establishment of a well equipped hospital, in this way saving the situation for homœopathy in the Southwest. The findings of the agent and the report of the Council were submitted to the Institute at the annual meeting, 1914, at Atlantic City, and the enterprise was unanimously approved and heartily endorsed.

A Committee on Propaganda, consisting of: W. E. Reily of the Board of Trustees, Chairman; W. D. Foster, J. C. Wise, T. H. Hudson, C. A. Young, C. K. Wiles, was appointed by the board of trustees of the American Institute to act in conjunction with the executive committee of the Missouri Institute; this committee was authorized to recommend suitable persons to compose the reorganized board and to provide funds for preliminary financing of the same. This duty the committee has performed.

The board of trustees, who are about to secure a pro forma decree of incorporation, is composed of non-medical persons, successful business men who are intelligent believers in, and employers of, homœopathic remedies; persons of the highest standing in the communities in which they reside; strong advocates of medical education and fully imbued with the conviction that this is the time and Kansas City the place in which this movement shall be pushed to fruition. The board is to be composed of about twenty-one members, a certain number of whom are residents of the state of Missouri; other members from the states of Kansas, Oklahoma, Colorado, Arkansas and Texas, and other states included in the region mentioned below. The incor-

*For The Homœopathic Medical Society, State of Kansas, May 5, 1915.

poration now being effected will be under the educational and eleemosynary laws of the state of Missouri. The following named persons have already been chosen as members of the board of trustees, and the other members to constitute this incorporation will be sought out without delay; viz.:

Mr. Charles A. Young, Zenith Milling Co., Kansas City.

Mr. J. A. L. Waddell, Sc. D., of the engineering firm of Waddell & Harrington, Kansas City.

Mr. E. Bierwirth, National Paper Box Co., Kansas City.

Mr. Herman Lang, Auditor Bell Telephone Co., Kansas City.

Mr. A. W. Post, Pres. Peet Bros. Soap Co., Kansas City.

Mr. Vincent L. Price, National Candy Co., St. Louis.

Mr. Wilmer C. Stith, Pierce Oil Co., St. Louis.

Mr. John L. Powell, Johnson & Larimer, Wholesale Dry Goods, Wichita, Kansas.

Mr. Edmund E. Morris, Treas. Kansas City Title Co., Kansas City.

Mr. J. W. Peterson, Bartlett Loan & Invest. Co., St. Joseph.

Mr. J. H. Stallcup, Arkansas Trust Co., Hot Springs, Ark.

It is a well known fact that doctors, as a class, "work hard, live well and die poor." Consequently, it is not the expectation of the board of trustees that any considerable amount of money will be derived from doctors, looking to the promotion, maintenance and endowment of the foundation. It is believed, however, that the board of trustees, composed of persons of the highest type from the various walks in life in which they are engaged, will find ways among the friends of medical education to secure the needed funds.

There are now in the United States ten homœopathic medical colleges—Kansas City Hahnemann being one of that number. No other medical institution now exists in the region comprised between the Mississippi River and the Pacific Coast, with the single exception of the homœopathic department, University of Iowa. Kansas City is eligibly situated for the location of a high class medical college and hospital as the beginning of a university foundation. There is no other medical college in good standing at this time in Kansas City except Hahnemann. The territory tributary to Kansas City is partly embraced in the area constituting the federal reserve bank region. A class A, or A plus, medical school, conducted with a view to conform to

present requirements, will undoubtedly attract students from all parts of Missouri, Kansas, Arkansas, Tennessee, Kentucky, Louisiana, Texas, Oklahoma, New Mexico, Arizona, Colorado, Utah, Wyoming, Montana, and from other adjacent territory. Last year Hahnemann graduated three gentlemen from Calcutta. In the school now is a gentleman from Lucknow. Homœopathy is very popular in India and growing rapidly.

This region contains a population of more than 22 million people; in this territory there are at present between three and four thousand homœopathic physicians earnestly and actively engaged in the practice of curing the sick with homœopathic medicines. These men and women are, with few exceptions, leading citizens in the communities in which they reside; they are always found favorable to enterprises which will be helpful to their neighbors and tend to promote the welfare and uplift of the communities in which they reside. These confreres, without exception, so far as heard from, have expressed their ready and cordial sympathy for the creation of the medical foundation mentioned, as well as proffered their earnest coöperation in all the efforts looking toward success. Of those mentioned about four hundred are alumni of Kansas City Hahnemann.

In order to realize the expectations of the friends of homœopathy, medical education and a hospital, it is necessary to have large grounds on which to erect the educational and hospital buildings. An educational institution of this kind, which first will be a medical college and hospital, will, it is confidently believed, later on expand into the teaching of other branches of scientific and technical departments. In order to meet the needs of all these various scientific, literary and other schools which will grow up on this foundation, many and various buildings will be required.

A hospital to meet modern needs may be composed of one or many buildings to meet the situation as it develops. Not only suitable buildings for the hospital proper for the care of the sick are required, but also space and convenience must be provided for the administration; suitable operating and other necessary rooms; rest rooms, convalescent rooms, sun parlors and other buildings for the accommodation and recreation of convalescent patients are essential. In addition to the space needed for the hospital other buildings must be provided: rooms for clinics, for out-

patients; a heating and a light plant; a laundry; a lying-in department; a morgue; a building for the housing and accommodation of nurses, providing for nurses' training school and the housing for all employees. These buildings should be separate and at a distance removed from the hospital proper, in order that no annoyance from same may be created to disturb the proper care of hospital inmates. The grounds in immediate connection with these buildings ought to provide for outdoor diversions, such as tennis and other outdoor amusements, and should be extensive. It is thought that forty or fifty acres of land would not be too much to meet these increasing needs as time goes on. What more noble beneficence could be imagined than the provision of the needed land, the erection of buildings and creation of an endowment fund to carry on such noble work? In what way could a generous hearted philanthropist more suitably testify to his love for mankind and interest in future generations than by providing these agents whereby the most benign system of medicine ever known to the world should be exploited, brought to the notice of the sick and its practice perpetuated to all future time and to all peoples?

Homœopathy is a method of curing the sick given to the world by the immortal Hahnemann. This humanitarian, scholar and physician, was born in Germany in 1755, and died in Paris in 1843. The law of homœopathy was discovered by Hahnemann, its application to the cure of the diseases of the human race was formulated and exploited by him more than 100 years ago. It is a system of medical practice based on natural law; it is a method of cure adapted to the treatment of all the diseases of the human race. The principle of cure established by Hahnemann and his co-laborers is today as true, far reaching and efficient as it was a hundred years ago.

It is said that during the prevalence of a violent epidemic of cholera in Russia at the time Hahnemann was living in Paris (1799), one of his co-laborers in Moscow wrote Hahnemann as to the method of cure of this scourge. At that time Hahnemann had not seen a case of cholera, but, from the description of the malady furnished by his co-laborer in Russia, the Master was able to point out the homœopathic remedies, which proved immediately effectual and the indications for which have been many times since verified and still exist at this time.

The homœopathic law of cure, being a law of nature, is immutable and fixed as the law of gravitation. The attacks of sarcasm, ridicule, prejudice, superstition, ignorance and suspicion have failed to change in any way the operation of this law in the minutest manner. Whatever happens to homœopathy in our day, whether its beneficent influence spreads to all corners of the earth, or whether its practice shall be minimized temporarily, there can be no doubt that, in time, homœopathy will be the medical practice chosen to meet the needs of the maladies of humanity in all quarters of the earth, under all conditions.

A wealthy, philanthropic citizen of Philadelphia has provided a suitable building in that city for the teaching of anatomy. In this enterprise he has invested a large sum of money and established the most thorough and efficient teaching institution for the cultivation of anatomy of any place in the United States. This building is named after the donor. A knowledge of anatomy constitutes the foundation on which a sane and sound medical education is erected. How could an individual more suitably impress on future ages his love of mankind than by providing in this, or a similar way, the means for the alleviation of the distress of sick persons?

The functions of a hospital are not only the efficient care, treatment and cure of the sick, but it also affords a means of teaching the curative effects of remedies at the bedside. Here at the bedside the clinician is enabled to teach the student the right application of the curative remedy. The student, while seeking out the pathological conditions of the patient, has the opportunity to choose the indicated remedy by which the deranged functions of the body are restored to their normal functions.

Avoiding a Misunderstanding. Mrs. Hiberry, an old-fashioned Yankee who conducts a family hotel on the Maine coast, received a rambling letter from a prospective city "guest," who was desirous of engaging "two large, sunny rooms, overlooking the ocean and connecting with private bath."

In due time the prospective guest received this curt reply:

"Dear Madam—All rooms face the ocean, and that's your bath."

—*Harper's Monthly.*

HOMŒOPATHY*

By W. J. Gates, M. D., Kansas City, Kansas

Various systems of treatment for bodily ailments are now in vogue. It is generally understood that the qualified practitioners, under the guise of these various systems, cannot be inhibited from using their methods, provided that they shall definitely state to their patients to what school or system of philosophy they are adherent; thus, in the state of Kansas, as a concrete example, we have state recognition of the osteopath, the chiropractors, the eclectics, the homœopaths and the regulars; the last three regulated by one board, no school of medicine to have the majority of its membership. Christian scientists are allowed to practice without hindrance.

The American Institute of Homœopathy is the recognized chartered governing body of Homœopathy. We recognize it as the only interpreter of our faith and practice. It is the function of that body to regulate and declare what properly constitutes homœopathic education. It is the right of this body to exercise this function without the consent of any other organization. In view of the foregoing facts, would it not be well at this time to take the following action, namely:

That a committee consisting of ten members be named and instructed to formulate a minimum curriculum which shall be the minimum requirement for the maintenance of a homœopathic medical college, outlined fully as follows: (1) Faculty, salaries; (2) Buildings, laboratories; (3) Hospital affiliations; (4) Hours of instruction.

That all homœopathic colleges living up to this standard be declared in good standing within the recognition of the Institute; that the various state boards of medical examination be advised that the Institute expects and demands recognition for all colleges conforming to the curriculum as defined above.

That the Institute shall defend and see that all graduates from colleges conforming to said curriculum be given opportunity to take the examinations of such state boards, and that, if it shall appear that there is any discrimination between such applicants for registration and applicants from other classes of medicine, it shall be the duty of representatives of the Institute to see that such discriminations are immediately abated.

*Bureau of Homœopathy, A. I. H., 1914.

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

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Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good fellowship and medical progress.

Address all communications to **The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.**

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EDITORIAL.

The Institute Session, June 27 to July 3, 1915. The program for the seventy-first annual session of the American Institute of Homœopathy is presented on pp. 1515-35 of this issue. Details which could not be determined upon at date of going to press will be posted on the bulletin board. Hotel Sherman has extended many courtesies in the preliminary arrangements. Chicago is in the line of summer travel. It has a sustained reputation as a convention city and as a place of many entertainments summer or winter. Chicago is only twenty-six hours from the Atlantic coast, and people from the far West do not reckon hours of travel. For people in the South, the city by Lake Michigan is a famous summer resort. The attendance at the 1915 session should be uncommonly large.

The Institute a Factor in Federation. Readers of THE JOURNAL recall the able address of Dr. Wilcox last year on the Organization of the Institute as a Federal Institution. The

medical profession in Missouri, under the direction and with the aid of Mr. Arthur W. Smith, elaborated a plan of state organization accompanied by the clever outline map published in the department of General News. The larger plan for the Southwest is set forth in the paper of Dr. Wm. Davis Foster, which appears in this issue. Dr. Hinsdale has inaugurated a comprehensive survey of the state of Michigan, which has culminated in the admirable paper presented to the College Alliance under the title, "The Invisible Increment." Wisconsin, Kentucky, Ohio, California and Illinois have carried on with a varying degree of success some measure of state organization, with definite purpose to correlate such organization with the Institute. A member of the Institute, in a communication to the *Hahnemannian Monthly*, names two obvious reasons for our inadequate organizing power, lack of sustained effort on the part of the Institute to distinctly articulate with state organizations, and the indifference of so many physicians to everything except their personal practice. The very purpose of a board of trustees is to secure a tenure of office sufficient to maintain such sustained effort as to carry out a good plan. It is for this purpose that the suggestion is made that each officer of the Institute serve for a term of three years. The first year in any position is spent chiefly in learning the details of the work to be done. The second and third years give an opportunity for achievement. The indifference of the individual physician to everything except his personal practice is a more difficult thing to combat, because the essence of that indifference is lack of public spirit, lack of vision, circumscribed horizon and self-absorption. The delegates and the Interstate committee provided by the constitution furnish good material for a correlating factor, but it is not utilized. By vote of the board of trustees, the precise plan for federation was referred to the council on medical education. That committee should present a practical working schedule. *S. M. H.*

The Organization Journal. We have become so dependent upon the morning mail for the directing of the day's routine, that no organization is too small to have its official publication, whether it be the plebian postal card, the hospital bulletin or the formal magazine. There should be no talk of reducing the number of publications, but rather of making every publication serve a bigger purpose and creating new ones to cover the territory. No state society should be without its recognized official publication. No one is well read who subscribes to only as many journals as he can read thoroughly. The secret of getting the most out of a publication is to read, pencil in hand. Read the table of contents and mark such titles as promise something of special interest. Read the editorials sufficiently to keep posted on the conduct of the organization. Glance through the announcements, the correspondence, general news and book reviews, spending time only where a topic of personal interest appears. Scan the advertising pages critically, discriminately, to bring the worker to his best tools. Practitioners of fifteen years or more probably can duplicate from their experience one-half the contents of the papers of any medical magazine. If every essayist on a medical program would ruthlessly scan his paper and cut out everything which is said equally well or better in some recently published book, leaving in his paper only that which is the record of his own experience, some perfectly good printers' ink would be saved. The titles of the books which have contributed to the writer's knowledge should be quoted as references.

Amendments. Attention is particularly called to the Constitution and By-Laws, published in the February JOURNAL, page 966, the report of the special committee on the amendment to the constitution, May JOURNAL, page 1338, to the minority report, page 1355, to the preliminary report of the committee on general revision, May JOURNAL, page 1357; also to the letter in this issue from Trustee Carmichael and that of Dr. Hills Cole, formerly on the editorial board of the *North American Journal*.

Homœopathic History. The name of Hering is intimately associated with that of Hahnemann. It is with a great deal of pleasure that the JOURNAL presents in this issue the first installment of this charmingly written history of the life of a man who was a personal friend of Samuel Hahnemann. There is a considerable quantity of data relative to the record of the homœopathic movement in this country which has not been collated into permanent form. The Institute should have an historian, some member with literary sense, leisure and a love for that sort of work. Stories of the early days should be gathered from our elder seniors while they are here to recount the stories of those days. Dr. Clarence Burton of Detroit has recently published a pamphlet, The Beginnings of Homœopathy in Detroit, which is a valuable contribution to our historical record. The *Medical Century* in April published a choice comment on *The Pellet,* giving a bit of homœopathic history in the days of Thomas Bailey Aldrich and Longfellow. The gavel of the Institute carries with it an historical record carefully gathered by Dr. Foster, who presented the gavel to the Institute during his service as president. If the material is forthcoming, there will be a little space given each month to the story of the homœopathic movement.

Postgraduate Schools in Homœopathic Therapy. There have been several communications to the JOURNAL during the past six months on graduate institutions for teaching homœopathic therapeutics. Some would have a postgraduate school for the purpose of teaching nothing but therapeutics of symptom-similarity, while others would have the postgraduate courses for the sake of freeing our already crowded curriculum from the responsibility of delivering the goods in the undergraduate years. Great Britain has adopted the latter course and the homœopathic practitioners, as a professional group, have suffered politically. A young surgeon was lamenting recently his handicap, because he had access to no hospital in which he had a controlling voice. He must needs have a po-

sition of executive importance in order to develop initiative. The world is slowly coming to realize that too arbitrary a standardization does place a handicap on ideals and initiative. There are ten homœopathic medical colleges. Certainly five, perhaps all, are in strategic centers for postgraduate instruction. Some of them are already offering such graduate courses. It clearly rests upon the profession to give these a cordial support in attendance and in money for further prosecution of the plans undertaken and for the development of further critical analyses of the materia medica and its application to therapeutics. There is an excellent opportunity to utilize the clinics and the empty recitation rooms during the summer months for the particular application of homœopathic principles in the various departments of medicine and surgery.

Why War is a Monstrous Failure. The whole social movement of the past thirty years has so changed the public conscience that war for political aggrandizement is coming to be insupportable. When the sculptor, Karl Bitter, submitted a plan for the Albany monument, it was rejected. The artist had designed for this soldiers' monument, not the traditional shaft with military figures in martial holiday array, but rather the war-worn soldier and sailor returning to civic life; worn men bringing home crippled comrades; mothers and wives greeting sons and husbands, or weeping because they had not returned. This social aspect of war has not yet deeply permeated the world-consciousness. This tremendous social meaning of war will finally conquer. And then we shall settle quarrels by counsel, rather than by slaughter.

War Babies. It is not a new problem the state is facing in the increase of birth rate of babies without a paternal name. But hitherto, like many other problems unpleasant to contemplate or to justify, it has been ignored. The state and church have rushed the war marriage. Uncontrolled emotion has rushed the war baby. One is coldly calculating. The other is

more or less mingled with primitive impulse and lawlessness. Is the lawlessness any more selfish than war for political aggrandizement? The state and he "that is without sin" can do no less than give a name and civic recognition to the unwed mother and unfathered child.

Hospital Work Abroad. The Illinois Homœopathic Association voted fifty dollars to the fund for sick soldiers in response to the appeal for the Neuilly Hospital from Dr. Burford. The Chicago Homœopathic Society through its executive committee has contributed twenty-five. A communication from Dr. Burford in this issue reports on the progress of the work done.

The American Ambulance Corps is also at Neuilly, just outside Paris. Miss Grace Gassett, a portrait painter from Chicago, has laid aside her brush in Paris for relief work and is thus quoted by the *Chicago Herald,* May 18th:

> It seems as though I had always done hospital work. I have charge of the surgical dressing department. I am not a nurse. I started with a few women making dressings and now I have fifty-five women working for me, all volunteers. We have made 750,000 things since the commencement. We make everything that the surgeons require, even the orthopedic appliances.
>
> So far Chicago has done nothing for the American Ambulance. I wish that it would do something. I wish it would either send a corps of ambulances or the money for one or two, as we want to get as many as we can at the front with the armies. Joffre gives us a French officer for each corps, and they are doing splendid work. Philadelphia, Boston and New York have done the most for us.
>
> We have wards supported by New York, Philadelphia, Boston, Buffalo, Providence, Rochester, New Haven and Syracuse. I do not think the people of Chicago realize what a fine work is being done here and what a credit it is to America.
>
> Our surgeons are of the best, our mortality is the lowest and our cases are the worst that they can send us. I believe that if you started the movement we could get the 125 more ambulances that we need.

ANNOUNCEMENTS

Notice to the Board of Trustees

The annual meeting of the Board of Trustees will be held at the Hotel Sherman, Chicago, Ill., Monday, June 28th, at 6:00 P. M., for the transaction of such business as legally may be brought before the board. Adjourned meetings will be held during the session of the Institute.

Byron E. Miller, M. D., President.

The Advisory Conference Committee

In accord with the vote of the Board of Trustees in December, 1914, the president of each affiliated and allied society, also the chairman and secretary of the Council on Medical Education are invited to meet with the Board of Trustees.

Byron E. Miller, M. D., President.

Important Notice from the Press Committee

If you have not already complied with the request of the Press Committee by sending a copy of your paper for the Chicago Institute meeting, please do so not later than June 18. This will insure national publicity both for yourself and the Institute through the Associated Press, controlling practically all the newspapers of the country.

Should your paper not be completed by that time, *do not fail to bring to Chicago an extra copy*, and leave same at the press headquarters, Room 101, Hotel Sherman.

This is an important Institute work and cannot be carried out without your assistance.

Scott Parsons, Chairman.

Wall Building, St. Louis.

The Special Train to the Coast

Dr. Costain, chairman of transportation, confirms the schedule as published in the May JOURNAL. All who went to California in 1910 remember with pleasure the painstaking service given by the Burlington. This year the Burlington, the Soo and the Canadian Pacific unite in furnishing an extraordinary combination of excellent service and marvelous scenery. The railroad circulars have exhausted the adjectives of

the English language and travelers come back confirming every description.

According to the schedule, the party will leave Chicago at 10:15 on the evening of the third. This will give the members a few hours of rest after a busy week. The upper Mississippi, the plains of the Northwest and Canadian Rockies are the dream of every enthusiastic American.

President Miller promises a cordial welcome in the city of Portland. Dr. Florence Ward, the guest of the Illinois Homœopathic Medical Society, at its recent session, invites the visiting Institute members to a gorgeous vision of the Exposition from her home on the heights, below which stretches out a marvelous compound of color.

San Francisco Bay, Tamalpais, the Greek Theatre, Chinatown and the San Francisco fog are words to conjure visions with. If the trip is possible, no one should miss the opportunity.

For those that cannot go with the Institute party, or for any who are unfamiliar with San Francisco hotels and wish all arrangements made for them, Dr. Costain has enlisted the aid of Mr. T. B. Prickett, of the Gregory tours, 1103 in the Lytton building, Chicago. Mr. Prickett will arrange a trip to San Francisco, San Diego and return, leaving on any date, providing for hotel for seven consecutive days, seven admissions to the Exposition, a guide escort to Chinatown, and several side trips, for a total expense of $141 at the Plaza or Bellevue, or $134 at the Inside Inn or Thoma.

Special Committee

Amendment, Article I of the Constitution

Dr. James Krauss calls a meeting of this committee at Hotel Sherman, Monday morning, June 28, 1915, at 8:00 o'clock, before the business session.

Correction, page 1352, Journal A. I. H., May, 1915. The closing sentence of the second paragraph, Section IV, should read:

"The American Institute of Homœopathy cannot afford as a scientific body to spurn the truth and prefer error just because the error was once believed to be the truth."

Applications for Membership in the American Institute of Homœopathy

The following applications for membership have been duly endorsed by the Board of Censors:

Abby D. Allen, M.D., Chicago, Ill.
Maximilian J. Hubeny, M.D., Chicago, Ill.
Grace Rowley Parker, M.D., Bradentown, Fla.
Philipp D. Paul, M. D., Chicago, Ill.
Samuel M. Moore, M.D., Evanston, Ill.

New Members

The annual gift of membership in the Institute for one year has been extended by the trustees to graduates of 1915, upon presentation of properly endorsed application forms. Thirty-two applications for membership have been endorsed by the Censors during the year. Send your neighbor's application to Dr. Milton Richards, Gas Office Bldg., Detroit, to Dr. Mary E. Mosher, The Warren, Boston, or direct to the Treasurer, Dr. T. Franklin Smith, 264 Lenox Ave., New York City.

A Gift to the Institute

The Treasurer, Dr. Thomas Franklin Smith, has recently presented to the office of the Institute the following valuable volumes of Institute transactions:

Vol. I. This volume contains the business transactions of the session of 1844 and that of 1845. The transactions of the sessions of 1846, 1856, 1860, 1865, 1866, 1867, 1868, 1869, 1870, 1872, 1873, 1876 (two volumes).

The editor of the JOURNAL is trying to secure a full set of these transactions. The Library of the University of Illinois, the New York State Library and the British Homœopathic Medical Association are also alert for numbers to complete their files.

Members who are discarding their books on account of space are urged to communicate with the office of the JOURNAL.

Place of Meeting, 1916

The Committee on Place of Meeting would be glad to receive propositions in regard to the place of meeting in 1916.

In the event of peace in Europe before that date, the Inter-

national Homœopathic Congress will be held in connection with the Institute Meeting.

Invitations should be accompanied by detailed information regarding accommodations with hotel rates, space for exhibits, rooms for committees (give sizes of rooms and number each will accommodate)—entertainment that may be offered and any other points that may be of interest.

The Institute through its committee will have charge of the exhibits, and it is desirable that they be placed in the building in which the meetings are held. Address communications to Dr. T. H. Carmichael, 7127 Germantown Avenue, Philadelphia.

Missouri Institute of Homœopathy

Announcement by the Provisional Secretary, L. T. Armet, M.D., June 24, 25 and 26, Thursday, Friday and Saturday at Planters' Hotel, St. Louis.

The annual meeting of the Missouri Institute is the best place to cultivate the brain soil, reduce the brambles, add fertilizer, re-temper the energy and sharpen the zeal.

Send the title of your paper to your bureau chairmen. Their time is limited. Do not wait for them to write you.

The Neuilly Hospital for Sick Soldiers

The Illinois Homœopathic Medical Association voted fifty dollars to the Neuilly Hospital, for which an appeal was made in the May JOURNAL. This has been forwarded to Dr. George Burford. The city society has added twenty-five.

This hospital is for medical cases and has been initiated by the homœopathic physicians of England and France. Here is the opportunity to make a record in homœopathic therapy.

Send your contributions to the Secretary of the Institute, 917 Marshall Field Bldg., Chicago, or to Dr. John P. Sutherland, 295 Commonwealth Ave., Boston.

Dr. William O. Mann's Service to the Massachusetts Homœopathic Hospital

The New England Medical Gazette thus makes Dr. Mann's services a better memorial than granite shaft or verbal resolutions:

> During Dr. Mann's period of service the homœopathic Medical Dispensary, which had existed independently for sixty years, be-

came the Out Patient Department of the Hospital (1906); the John C. Haynes Memorial for Contagious Diseases was erected and opened, increasing the capacity of the Hospital by one hundred and fifty or more beds (1908); the Evans Department of Clinical Research and Preventive Medicine was instituted, still further enlarging the Hospital's facilities (1912); the Clark Ward for Children, and the Nash House for Convalescent Men were established; and during the recent months work on the new Maternity Department has been rapidly progressing. In addition to all this, many innovations have been made in the Hospital work, such as instituting an Ambulance Service, an X-Ray Department, and re-organizing the Medical and Surgical Staff. With all these evolutions Dr. Mann's burdens have increased, and with each there has been a corresponding increase in the legitimate pride he has taken in the institution's accomplishments,—an undemonstrative pride which was repressed by a diffidence and a dislike of ostentation.

One side of Dr. Mann's nature may not have been generally observed, on account of a certain brusqueness which was habitual, and that was a marked gentleness and tender sympathy for children which in his hospital inspection had frequent opportunity for manifestation.

In the prime of life, in the very acme of his great usefulness, he was suddenly removed from the field of his activities, and all connected with or interested in the welfare of the Hospital unitedly mourn his loss.

CORRESPONDENCE

Knock or Boost

May 17, 1915.

Dear Editor:

May I have a little space in your magazine to say a word to the homœopaths of the "Great Middle West?"

I occupy the unpopular position of treasurer of the local committee of arrangements for the forthcoming Institute meeting, and on account of this misfortune have come into contact with a different side of my brother and sister practitioner than ever before. I have been shocked at the apathy that exists in the make-up of many. The question I am usually asked is, "What has the Institute done for me, and what will it do?" It will do just as much for you as you do for it. You cannot expect to reap where you have not sown and you may expect returns in direct ratio to what you put into the Institute in time, money and loyalty. One good homœopath said that he did not

like the politics of the organization, therefore he was not going to attend the meeting. We of Chicago did not like the politics in our city, but we did not stay away from the polls on that account. What we did do is known to the nation.

I have been informed that the trustees do not want entertainment. This would be a great mistake. What we want is publicity and we will never get it by spending the whole week of June 27th within the four walls of the Hotel Sherman. We must make our presence known to the public by getting out amongst them and showing them that there is a great *National Homœopathic Organization* and that their family physician is part of it.

"Opportunity *knocks* but once." We must do better than she, and "*boost*" all the time. You do not owe an apology to any one for being a homœopath or for belonging to and working for homœopathic institutions and homœopathic organizations.

Think it over, doctor, and do your part towards making the 1915 meeting of the American Institute of Homœopathy the greatest in the history of our beloved organization.

Yours for success,

Richard H. Street, Treasurer Local Committee.

Definition of Homœopathy

Philadelphia, May 12, 1915.

To The Journal of the American Institute of Homœopathy:

I am glad that we were favored with the proposed report on the Definition of Homœopathy and on alteration of Article I of the Constitution of the Institute, which appeared in the last number, as it gives to all the needed opportunity to discuss so important a matter.

To my mind the definition proposed by the majority of the committee is unsatisfactory for two reasons:

1st. It is incomplete. The proposed definition reads, "but especially to secure the general recognition of homœopathy as the therapeutic method of symptom-similarity indicated in medically curable constitutional diseases." Now, a good definition must define so that those who read it will know what is meant. And in this case we ask, "symptom-similarity" between what? The definition does not inform us. It assumes that we know that the similarity is between the symptomatology found in the drug pathogenesis and that "indicated

in medically curable constitutional diseases." To this extent it is weak.

2nd. I am opposed to the use of the words "medically curable constitutional diseases," because a remedy is never homœopathic to a disease;—it is never indicated for any "med ically curable constitutional diseases," or any other kind of diseases.

In homœopathy, we prescribe for individuals, not diseases, and the advanced thinkers in the old school have recognized that this is the true therapeutic method.

Would it not, therefore, be a grave mistake in a proposed definition of homœopathy to talk about "curable constitutional diseases," an expression that will eventually become obsolete?

If we must have a definition of homœopathy in Article I of the Constitution, I would suggest striking out in the proposed definition the words "indicated in medically curable constitutional diseases," and substituting these words, "between the pathogenesis of the drug and the diseased state of the individual," so that the amendment should read, "but especially to secure the general recognition and acceptance of homœopathy as the therapeutic method of symptom-similarity between the pathogenesis of the drug and the diseased state of the individual."

Yours sincerely,

Thomas H. Carmichael.

The Constitution and By-Laws of the A. I. H.

May 15, 1915.

To The Journal of the American Institute of Homœopathy:

Dr. DeWitt G. Wilcox, last year's president of the American Institute of Homœopathy, advocated in his "business" address to the Institute a number of changes in the organization of the society which would make it possible to link up to it the many state, county and local societies which now exist entirely independent of it. Notices of amendments of far-reaching character were given to the meeting, and a special committee was appointed to bring before the next meeting a revision of the constitution and by-laws.

The May issue of the Institute JOURNAL has a preliminary report of this committee signed by Dr. J. Richey Horner. While this report embodies some admirable suggestions, it is noteworthy

that it does not provide any way for carrying out the idea so forcibly presented by Dr. Wilcox. Neither does it further the amendment proposed by Dr. George Royal, providing that election of officers be taken by a postcard vote in which every paid-up member can participate.

There is much to commend in this latter idea. While participation is nominally open to all members in good standing, practically it is not, because only one out of four or five of the members attend the meetings. A special effort is now being made to get the young men and women, the recent graduates, to join the Institute, and unless the meeting is to be held in their immediate vicinity, attendance is practically impossible for the majority of them for four or five years, so that practically all they get for their membership is the JOURNAL, which they could subscribe for at the rate of two dollars a year, thereby saving the membership fee. The privilege of voting for officers, possibly for their college professors, would be some return, at least, and it would tend to create in these younger physicians a greater interest in the organization.

While the revision of the constitution and by-laws is under discussion, it would be well to consider the advisability of making some changes in the ex officio membership of the Board of Trustees. It will be understood, of course, that in making the following suggestions, that I do so quite impersonally, not referring in any way to the holder of any office. At present the president, the vice-presidents, the treasurer, the secretary and the registrar are ex officio members of the board. Considering these in their reverse order, one can fairly ask whether the qualifications of a good registrar are necessarily those of a trustee, and whether the duties of the registrar are of such character as to warrant his participation in the government of the organization. The duties of the registrar are purely clerical: he records the attendance of members and hands out the badges. Incidentally, the more faithfully he performs his duties, the more he has to absent himself from the business and scientific sessions of the Institute. Obviously the duties of the office could be carried out by a lay clerk. At a big medical meeting, where three or four thousand members register, the registration officials are all office girls. It is not a man's job; still less is it a job that should be put upon any member of the Institute, thereby causing him to lose the greater part of the sessions. And if the duties

can be carried out by clerks, obviously the mere holding of the office certifies nothing as to the officer's fitness to fill the office of trustee, for which the qualifications are entirely different. And trusteeship in the Institute ought to be too serious a matter to be handed out as a reward for fulfilling the routine duties of a clerical office. I, therefore, advocate the dropping of the registrar from the list of officers or, at least, providing that the registrar be no longer an ex officio trustee.

The secretary of the Institute is a salaried official, performing duties laid down in the constitution and by-laws or prescribed by the Board of Trustees. Looking at the matter in a purely business way, should a salaried official of this character have the right to vote upon the duties to be performed by him or to pass judgment upon his work; in other words, should the secretary be ex officio trustee? The answer is, No. Practice in commercial and organization circles is preponderatingly against such a procedure. I advocate that the secretaryship be withdrawn from the list of offices which carry with them ex officio trusteeship.

The treasurer of the Institute stands upon a different footing. He is not a salaried officer and, as the collector and custodian of the organization's cash, his counsel warrants his ex officio trusteeship.

The vice-presidents are ex officio trustees. Arguments for and against this are equally strong. Practically, these are complimentary offices; it has not infrequently happened that a man who has done good work as chairman of a local committee of arrangements has been honored by one of the vice-presidencies. The complimentary vote had no reference whatever to the person's qualifications as a presiding officer in case his senior officers should die during the year of office, nor to his qualifications as a trustee. On the other side there is this at least to be said: the votes of the vice-presidents might prove valuable in controlling the action of any ring or clique that might be formed among the elected trustees.

As to the president, there can be no argument against the advisability of giving him a place among the trustees. He is the society's leader for a year, and should, to a large extent, shape its policies.

Dr. Horner's report suggested that the retiring president should become ex officio a trustee, leaving only two trustees to

be elected. Personally I think it would be a mistaken policy to tie the Institute's hands in this way. True, the president's experience should make him valuable as a trustee; since the incorporation of the Institute most of the ex-presidents have served as trustees: this being so, it is obviously unnecessary to incorporate the idea in the constitution and by-laws, and this might be unwise, for it is conceivable that a man elected in good faith as president might prove a disappointment and the Institute might not desire his services on the Board of Trustees for three years.

Hills Cole.

Homœopathic Data

To The Journal of the American Institute of Homœopathy:

The Council on Medical Education frequently has interesting and important data and items about homœopathy that are worthy of a wide dissemination among the laity.

We desire especially to secure the names of newspaper owners, editors and writers who employ homœopathic physicians in their families.

Our physicians can greatly aid the work of the Council in sending the Secretary this information, and incidentally help themselves in bringing to the people of their towns information as to what the homœopathic school is doing, its progress, its institutions and its successes.

The Council has already the names of several hundred newspapers whose editors and owners are homœopathic patrons, and who are anxious and willing to print items of interest concerning our school of medicine. Kindly help us to enlarge our mailing list.

W. A. Dewey, Secretary.

Ann Arbor, Mich.

Postgraduate Schools

To The Journal of the American Institute of Homœopathy:

The communication from Dr. Chislett, Chairman of the Committee on Surgery and Gynecology (A. I. H.), to the College Alliance is commendable, timely, and should receive the most careful consideration by those in authority to act upon these resolutions. We cannot be too jealous in safeguarding the educational standards of our several colleges, neither can we emphasize too strongly the necessity of a most thorough medical training of all students attending our colleges.

It is with Section No. 6 that we, at this moment, are most particularly concerned. This section is, "That we recommend to the Board of Trustees the consideration of the establish-

ment of a postgraduate college of homœopathy under the auspices of the A. I. H., where continuous courses in all branches of medicine and surgery may be given and where the interchange of teachers from all the undergraduate colleges and the postgraduate institutions would insure a nation-wide interest and suppress geographical jealousies."

This is a move in the right direction. Let us emphasize the one great word *homœopathic*, and the resolution has many arguments in its favor. These resolutions do not emphasize the necessity of a postgraduate work in surgery and the several specialties only, but also in *homœopathy* and its materia medica. They imply that the practice of surgery means more than the simple use of the scalpel, and that the practice of homœopathy implies an infinitely greater field than the simple giving of a homœopathic remedy.

Realizing the unquestionable necessity of a clear knowledge of the laws governing the practice of internal medicine, and the almost limitless boundaries of the homœopathic materia medica; knowing the vast amount of work necessary to teach these laws and the materia medica as each should be taught; knowing with what clearness, simplicity and authority these branches must be presented to an inquiring, prejudiced or opposing mind, or to a mind filled with ideas from the laboratory or surgical clinic, would it not be wiser for the Board of Trustees to establish a central school, or schools, independent, for the one single purpose of propagating true organonic homœopathy as taught by the masters and faithfully interpreted by their loyal disciples? This need not interfere with or impede postgraduate work in any other line whatever, but opens the way for any graduate physician, of any school of medicine, desirous of knowing the truth governing the practice of internal medicine and the remedies used in this practice to equip himself or herself in this special line.

To be a specialist in internal medicine is as essential to the welfare of the commonwealth as it is to be a specialist in surgery, obstetrics, eye, or ear. It is distinctive. It is practical. It will encourage greater and better work when men *know* what to do in the manner and matter of prescribing internal remedies.

May we indulge the hope that these suggestions find favorable recognition before the Board of Trustees?

G. E. Dienst,
President Society Homœopathicians.

The Neuilly Hospital

To the Editor of The Journal of the American Institute of Homœopathy:

I have to report continuous activity on the part of the Neuilly Hospital. One hundred and thirty-five patients have been re-

ceived since its opening, and only one death has occurred up to date. While the majority of cases hitherto have not been received in the acute stage, a fair proportion have required unremitting attention from the Medical Staff, with this fortunate result. Many of the patients have tubercle as a main or complicating factor, doubtless wakened by the conditions of life in the trenches. But none of them are allowed to stay in the hospital a day longer than is requisite to restore their fighting powers. The wastage of men is too great to allow any who can hold a rifle to be spared from the fighting lines.

The cases are all taken and the clinical course and medical treatment recorded with the greatest care. The case books used are those especially drawn up by the International Homœopathic Council. Thus one scheme of detail is adhered to, so that analysis may be readily made when, after the conclusion of the war, the results are published. This indeed is one of the main objects of the conduct of the hospital,—the preparation of a verifiable body of statistics as irrefragable proof of the values of homœopathy to the state no less in time of war than in civil life. Hitherto homœopathy has had no such valuable literature at its disposal.

Steps are being taken to bring the hospital, by way of auxiliary dépot, and by utilizing the valuable influence of our French colleagues in and near Paris, to ensure as large a proportion of acute cases for the hospital service as is possible. Hitherto we have had no reason to complain of the good will of the military authorities. We have secured our share and more than our share of the sick soldiers entering Paris. At this particular juncture, the government is turning to account the provincial French hospitals for the reception of sick and wounded, so as to clear for the enormous rush that is anticipated in the immediate future, when, according to Earl Kitchener, the war will begin. And Paris stands within easy distance of the focus of the great struggle.

In Great Britain, the interest in the Neuilly Hospital is unabated. The latest active movement is in Liverpool, where the Homœopathic Hospital authorities, at the initiative of Doctor Hawkes and Doctor Cash Reed, are appealing to all the supporters of homœopathy in the North to rally and finance a Liverpool Ward. The other homœopathic hospital centers have done well. Bristol, through Doctor Hervey Bodman, has sub-

scribed nearly £600. From Southport, through Doctor Cronin-Lowe, and where a homœopathic hospital does excellent work, nearly £400 has been obtained. At Tunbridge Wells, where an important extension of the hospital is being carried out, £100 has been collected. At Bromley, at the annual meeting of the supporters of the Cottage Hospital there, nearly £200 has been subscribed. In all, in Great Britain, some £4,500 has been obtained up to date in promises and payments.

But we want more—much more—to do homœopathy justice, and to ensure that it takes a fitting part in the healing of the nations. From the State Society of Massachusetts, £100 has been remitted. Dr. Sutherland has personally contributed £20. Dr. Horace Packard, ever enthusiastic in the progress of homœopathy, has also with the warmest encouragement subscribed £20. And Dr. James W. Ward, hero of many contests in which homœopathy has conquered, has remitted £10 as his personal contribution, with his cordial good wishes. Dr. A. R. Griffith of Montreal has obtained as a subscription from the Montreal Homœopathic Association £10, which was transmitted by him in a letter breathing ardent enthusiasm for the cause.

It is money that makes the wheels go round. Now is the day and now is the hour.

With my kindest regards to my American colleagues,

Ever yours faithfully,

George Burford.

New Jersey State Homœopathic Medical Society

The sixty-second annual meeting of the New Jersey State Homœopathic Medical Society was held at the North End Hotel in Ocean Grove, on May 13th, 14th and 15th. Under the able and painstaking leadership of the president, Dr. C. Herbert Church, of Newark, and with the hearty coöperation of the several committees and bureau chairmen, the meeting proved to be one of the most profitable in the history of the society. The local committee of arrangements, consisting of the members of the Monmouth County Homœopathic Medical Society under the indefatigable captaincy of Dr. Joseph H. Bryan, deserves and has received the warm praise of the members of the state society. Their labors, resulting in a smoothly working program throughout, once more emphasize the importance of securing enthusiastic and willing workers to prepare for medical conventions. To Dr. C. F. Hadley of Camden, credit is due for the publicity given the meeting in the local

Asbury Park paper, as well as in the Newark and Camden press. The doctor is a general favorite with the members and will undoubtedly grace the presidential chair in 1917.

The papers presented for discussion were of a high order of merit and reflected much credit on the bureau chairmen. There were few absentees and free discussion of all papers was the rule. Among the essayists, Dr. Louis Gregory Cole of New York deserves particular mention for his scientific, interesting and highly instructive cinematographic exhibition and lantern slides in illustration of his lecture, "Positive and Negative Diagnosis of Surgical Lesions of the Gastro-intestinal Tract." It is plainly evident that, as a result of his original investigations in this fascinating field of scientific research, the physiology of digestion will require re-writing in our modern textbooks. To one who has just packed snugly away one of mine host Yarnall's North End dinners, Cole's "stomach movies" rival in interest the funniest angular actions of the mercurial Charlie Chaplin.

A series of excellent skiagrams were shown by Dr. Horace B. Dean of Audubon, N. J., illustrating various kinds of bone fracture, and the "syphilitic movies" of Dr. Sprague Carleton of New York were the object of close attention as well as of considerable comment concerning their instructive value. Dr. Edward Hill Baldwin of Newark gave numerous eye hints for the general practitioner, a subject much appreciated by his audience, who dearly love to be gently chided in Baldwin's own inimitable way. Other subjects presented by the specialists, were "Tuberculosis of the Nose and Throat," by Dr. W. D. Rowland of Asbury Park; "Ear, Nose and Throat Hints," by Dr. Otis D. Stickney, of Atlantic City; "The Submucous Operation and Some Indications for It," by Dr. Howard Ivins of Trenton; "Carcinoma of the Skin," by Dr. Edward M. Granum of Philadelphia, a paper, by the way, showing great care and study in its preparation: all of these essays were thoroughly discussed. Dr. Jos. H. Bryan presented an interesting case of complete anuria of six days' duration, following a laceration of the left kidney due to a severe fall, death occurring after operation and autopsy disclosing a congenitally absent right kidney. Dr. McKinstry of Washington, N. J., read an account of a case of diabetes insipidus. Mercurius cyanatus verifications in diphtheria were presented by Dr. W. G. Mead of Arlington, N. J., and discussed by Drs. Wallace McGeorge and R. F. Rabe. The former read his paper, "Kali phos., Kali mur. and Kali sulph."; the latter, in the bureau of homœopathic philosophy, presented "Observations upon the Action of the Homœopathic Remedy Relative to Diagnosis and Prognosis." Dr. A. S. Ironside, a staunch follower of Hahnemann, presented, "Necessity of Knowing the Philosophy of Homœopathy." All three of these papers aroused animated discussion. Dr. George F. Cannon of Jersey City told of "Arsenicum album

in Post-scarlatinal Nephritis" and recited several cases in verification.

"Malnutrition of Infancy, Causes and Treatment," by Dr. I. N. Griscom of Ocean City, occupied the time and attention of the bureau of pedology. In the bureau of obstetrics, Dr. Leon S. Loizeaux gave a most exhaustive though informal talk on twilight sleep, which was followed by "Twilight Sleep vs. or plus Easy Labor" by the veteran C. A. Church, father of the president of the State Society.

Dr. Elizabeth H. Muncie delivered her lecture on "Physical Causes for Sexual Immorality" and made an earnest plea for the more frequent employment of circumcision and other orificial methods. Her lecture was very attentively listened to and well discussed. Dr. C. F. Adams of Hackensack read one of his usual well-written papers, entitled, "Some Applications of the High Frequency Currents in Gynecology."

In the bureau of surgery, Dr. John H. Young of Montclair read a paper on "Surgical Relief of Cardiac Conditions." Dr. B. H. Garrison of Red Bank presented "Acute Suppurative Osteomyelitis, with Report of a Case." In the bureau of gynecology Dr. E. G. Tuttle of New York read an exhaustive paper on the subject of "The Surgical Treatment of Anterior Displacements of the Uterus, Accompanied by Irritation of the Bladder, Dysmenorrhea and Sterility," and Dr. August Strasser of Arlington, a surgeon of the dominant school, read a classical paper, which showed much thought and study, entitled "Prolapsus Uteri."

On the evening of the 14th the customary banquet was held with Dr. Jos. H. Bryan, toastmaster of the occasion. After a few witty jibes at her expense, Dr. Florence J. Voorhees of Newark responded in her customary happy vein, giving back with interest all that she had received. Dean Pearson of Hahnemann College, Philadelphia, looking as youthful and energetic as a boy out of school, introduced himself to many who had never had the pleasure of meeting him before. The impression he created was most favorable. Hahnemann College is to be congratulated upon her possession of a dean so evidently sincere, earnest, enthusiastic and capable. May his tenure of office be long and prosperous!

To say that W. W. Speakman of Philadelphia was called upon to respond to the toast, "The Ladies," is to indicate that his response, in his usual humorous and droll fashion, was all that could be wished for. The ladies, God bless 'em, he captivated them all!

Last, but far from least, Dean Copeland was at his best and held his audience in close attention while he spoke of medical practice and licensure. He sounded a warning of what is to come to all homœopathic colleges and urged upon them the wisdom of thoughtful preparation, to meet the demands of the near future. He counselled the alumni to rally around their

respective colleges, giving such moral and financial support as may lie within their power. May the custodians of our homœopathic colleges and hospitals heed his timely advice!

Altogether the meeting was a decided success, the attendance was excellent, some seventy-five members and about twenty visitors being present. The discussions were thorough and able, the best of good nature prevailed and everyone was satisfied and happy. Successful meetings are customary with the Jerseyites and the sixty-second annual meeting was no exception. All that pertains to the great field of medicine was touched upon; but the keystone of the society's existence, homœpathy, was always in evidence.

The officers elected for the coming year are as follows:
President—Dr. F. P. McKinstry, Washington.
Vice-President—Dr. C. F. Hadley, Camden.
Treasurer—Dr. C. C. Straughn, Matawan.
Secretary—Dr. C. H. Church, Newark.
Corresponding Secretary—Dr. R. F. Rabe, New York.

R. F. Rabe, Cor. Sec'y.

GENERAL NEWS

California. The thirty-third commencement of Hahnemann College of the Pacific occurred April 29. The Honorable Marshall Hale, President of the Board of Trustees, conferred the degrees and Dr. A. C. Cowperthwaite gave the annual address.

Dr. Edgar H. Howell, editor of the *Pacific Coast Journal of Homœopathy*, has reorganized the staff, making it "the livest journal on the coast."

Dr. Byron E. Miller, President of the Institute, was the guest of Trustees and Faculty of Hahnemann Pacific at the recent annual meeting and banquet. He will return to the state meeting, June 16-19, on his way to the Institute.

Dr. Milton A. Barndt, formerly of Milwaukee, and now established at Long Beach, sends greeting to the Institute, expressing a regret that the session is not to be on the Pacific coast.

Canada. Dr. J. George Adami of McGill has gone to England to gather material for a history of the war from the standpoint of pathology.

Illinois. The officers of the Illinois Homœopathic Medical Association for 1915-16 are William Honn, president; Richard H. Street and J. G. Barnheizer, vice-presidents; Dr. Sweet, treasurer, and Dr. Cushing, secretary, were unanimously re-elected. The society voted $150.00 to the entertainment fund

of the June session of the Institute and $50.00 to the Neuilly Hospital in France for the sick soldiers.

The New Morrison Hotel gave ample space to the assembly room and to the exhibits. The exhibit of Hahnemann College of Chicago included exquisite work from the laboratories. At the dinner on Tuesday evening and again on Thursday, Dr. Chislett presented interesting reports of the progress of the extensive plan of the Chicago Memorial Foundation.

This Memorial Foundation is to include an indeterminate number of units for educational and social work. Hahnemann Medical College is to be one such unit, Hahnemann Hospital another, a medical research laboratory a third. The plan is comprehensive and the money is being secured for actual operation.

The guests on the program were Hugh Beebe and Dean Myers of Ann Arbor, C. E. Beeman of Grand Rapids, Mich.; William Humphrey, Claude Burrett and Chas. F. F. Campbell of Columbus, Charles E. Sawyer of Marion, and J. B. McCleary of Cincinnati, Ohio; Florence Ward of San Francisco, P. M. Kelly of the Kankakee (Ill.) State Hospital, Clifford C. Ellis of Dunning (Cook County, Ill.), Professor Madison Bentley of the University of Illinois, and Dr. Robertson of Chicago.

Dr. John Dill Robertson, Chicago's new Commissioner of Health, was the guest of the Executive Committee at luncheon on the opening day. Dr. Robertson gave a brief address at the afternoon session in which he outlined his policy of utmost publicity and fair dealing in order to secure the highest possible physical welfare for the city of Chicago.

Dr. W. E. Neiberger, Chairman of the Extra-mural Committee, presented an interesting report on Hahnemann College. This is a definite preliminary step toward establishing some organic relation between the alumni and the executive committee of the college. The plan has been successfully worked out in other colleges and universities. It is the obvious means of securing financial support from the graduate body.

At Home Coming Day, May 14, the new suite of operating rooms in Hahnemann Hospital was open for inspection and work. This suite is on the seventh floor, above the dust and noise and open to light and air. There are four operating rooms and the necessary auxiliary rooms. This admirable change and equally important ones on the first floor and in the executive department mark the first few months of Superintendent Hornby's administration.

Dr. H. R. Schofield, Dispensary Chief, reports the following record for April:

New Cases

Med.	Surg.	Gyn.	Ped.	Nerv.	Eye & Ear,	Nose & Thr.	Ven.	Der.
89	65	45	47	5	179	45	5	32

Old Cases

Med.	Surg.	Gyn.	Ped.	Nerv.	Eye & Ear,	Nose & Thr.	Ven.	Der.
245	157	139	70	7	275	92	16	88

New patients, 512; old patients, 1,089. Total, 1,601.

There is an opportunity for a well educated and well equipped medical woman to be resident physician in a college for women in the South. The place presents hard work with a good living salary.

There is an opportunity for introduction into a good general practice in York, Pennsylvania. This is open to a well-equipped man or woman.

Dr. Leonard Manning succeeds to the office and practice of Dr. Frank H. Honberger.

The After Dinner Club will unite with the Institute Fraternity in extending the hospitality of Chicago to the medical women of the Institute. The minutes of the College Alliance, published in the May JOURNAL, reported the gift of $300.00 from this club over against a total of $250.00 from the five contributing medical colleges. At the annual dinner in May, Dr. Julia Strawn reported the incorporation of the club under the laws of Illinois and Dr. Hanks reported on a loan fund for the medical education of women giving evidence of special fitness for medical practice.

The officers of the Northwestern Society for 1915-1916 are: Drs. Alden E. Smith, Freeport, president; A. W. Swift, Belvidere, vice-president; Elizabeth Maas, Rockford, secretary, and O. A. Olson, Rockford, treasurer.

As an experiment in ventilation in behalf of child welfare, Mrs. John R. Lindgren of Evanston gave to the school board a one-room school house for the experiment of an open-air school. A special costume was provided for each child and the windows closed only on the side from which a strong wind was blowing. The selected twenty-five sickly children have thrived so well that parents are asking, "Why may not our well children be kept healthy by similar measures?" The doctors may preach, but the parents must carry the movement through to a finish.

Dr. George B. Young, formerly Commissioner of Health in Chicago, thus acknowledges the fashion Chicago has of mak-

ing herself felt: "I go back to my work as an officer of the United States Public Health Service, but I shall never hear the name of Chicago without just a little tug at my heart strings."

Indiana. The Institute of Homœopathy elected the following officers for 1915-1916: President, Dr. A. A. Ogle, Indianapolis; first vice-president, Dr. Sollis Runnels, Indianapolis; second vice-president, Dr. E. A. Sevringhaus, New Albany; secretary, Dr. John W. Webb, Indianapolis; treasurer, Dr. J. S. Slabaugh, Nappanee.

Iowa. At the recent annual meeting of the Hahnemann Medical Association, the following officers were elected:

Dr. Charles E. Holloway of Des Moines, president; Dr. A. C. Woodward of Decorah, first vice-president; Dr. F. G. Bott of Victor, second vice-president; Dr. John Coggswell of Iowa City, secretary; Dr. M. A. Royal of Des Moines, treasurer; Dr. Harriet Messenger of Des Moines, necrologist. Dr. Erwin Schenk of Des Moines is delegate to the American Institute to be held in Chicago in June.

The new secretary succeeds to the editorship of the *Iowa Journal* and will publish the *Journal* from Iowa City. The defense fund will be used to fight unfounded charges of malpractice. A movement is afoot to secure a new hospital building for homœopathic therapy. The round table conference on gynecology was under the direction of Dr. Charles Coggswell; that of ophthalmology, under Dr. George Mosby of Waukon.

Dr. George Royal is recuperating from a Colles fracture, due to cranking his automobile.

Kansas. The papers of Dr. William Davis Foster and of Dr. T. H. Hudson at the annual meeting of the Homœopathic Medical Society of Kansas on Organization for the Southwest, stirred up a good deal of enthusiasm.

The following delegates to the American Institute were elected at the Topeka session: Drs. W. J. Gates, Kansas City, Kan., and S. A. Bass, Wichita; alternates, Francis A. Cady, Hutchison, and W. S. Royer, Wichita.

Massachusetts. The big social event of the Boston University year is the Pop Concert at Symphony Hall. This year it comes on the evening of June 2. The musical program is under the direction of Professor John P. Marshall of the College of Liberal Arts. A social feature this year will be the installation of Conference Tables, one for President Murlin and one for each dean of the university. This is the outcome of the successful alumni organization. George A. Gordon, D.D., minister of the Old South church, will give the commencement address.

Upon the convocation ballot of the School of Medicine, the following are nominees for honorary vice-president: Drs.

John H. Bennett, Charles H. Colgate, Dana F. Downing, Conrad Smith and Albert S. Briggs; for member of the visiting committee, Drs. H. H. Braley, Charles E. Montague, W. T. Hopkins, N. R. Perkins and S. H. Calderwood.

The Boston University School of Medicine furnishes three of the faculty of the American School of Physical Education. Dr. Mary R. Mulliner, director; Dr. Arthur W. Weysse, lecturer on physiology of exercise, and Dr. Alice H. Bassett, instructor and lecturer on pelvic anatomy. The object of the school is to co-ordinate upon a physiological basis all that is valuable in gymnastics. A summer camp is maintained at Wellfleet on Cape Cod. A special feature of the work is the training in neuro-muscular economy.

Michigan. The Detroit homœopathic physicians were host to the state society, May 17 and 18. There was a full program of clinics on Monday with papers and discussion on Tuesday.

Missouri. The Missouri Institute meets at the Planters' Hotel, June 24, 25 and 26. Immediately after the session, the

Districts. 1, St. Louis; 2, Kansas City; 3, St. Joseph; 4, Springfield; 5, Joplin; 6, Northeast; 7, Sedalia; 8, Central; 9, Ozark; 10, Southeast.

The numerals in a square indicate members of the Missouri Institute of Homœopathy. Numerals in a circle indicate homœopathic physicians not yet enrolled in membership.

members will leave by special train for Hotel Sherman and the American Institute in Chicago. The accompanying cut of the state of Missouri is loaned to the JOURNAL by the courtesy of the Bulletin of the Missouri Institute. District No. 1 comprises not only the counties of Missouri indicated, but also the counties of St. Clair, Madison, Jersey, Calhoun and Monroe in Illinois.

Nebraska. The annual meeting of the state society was held at Lincoln, May 26 and 27.

New Hampshire. The medical profession of the state is interested in the new medical practice act which provides that all graduates of 1919 and thereafter shall show a record of two years' work in a registered college of liberal arts.

New York. The New York College for Women has the good fortune of a recent bequest of $10,000.00 from W. W. Cole. Dean Brant is a good executive with great enthusiasm. The little hospital on the west side of Central Park has a reputation for high grade work.

Ohio. The following former members of the Cleveland and Cincinnati faculties have responded to an invitation to "A day's pilgrimage to Columbus for lectures before the students."

From Cincinnati: Drs. Lincoln Phillips, C. E. Walton, H. H. Wiggers, C. A. Pauly, Ralph Reed, S. R. Geiser.

From Cleveland: Drs. G. H. Quay, A. B. Schneider, L. E. Siemon, W. H. Phillips, F. W. Somers, J. R. Horner, E. O. Adams, B. B. Kimmel, N. T. B. Nobles, Jas. C. Wood, H. H. Baxter, Chas. L. Moore

From South Euclid: Dr. J. E. Rowland.

The first subject to be announced is that of Dr. Horner: "Differential Diagnosis in Mental Diseases," May 17.

The $2,000 x-ray equipment is installed in the hospital. The Nurses' Home has been furnished, offering comfortable quarters for the hospital nurses.

Dean Hinsdale of Michigan will give the address at the Summit County Medical Society, Akron, "The Making of Doctors."

Oklahoma. At the 10th annual session of the Oklahoma Medical Institute the following officers were elected: Drs. Mary E. Ray, Bartlesville, president; Lela H. DeVasher, Muskogee, vice-president; S. B. Leslie, Okmulgee, secretary, and Silas C. Whitcomb, Hastings, treasurer. The Lee Huckins Hotel at Oklahoma City furnished hospitable accommodation. The program was interesting and the bureaus well attended.

Oregon. Dr. Frank Casseday of Portland sends greeting to the Institute membership and a package of pictures of the wonderful attractions of the far Northwest, including Portland and Mt. Hood, Columbia Gorge, Columbia River, Mt. St. Helen and the famous roses of Portland.

Pennsylvania. *The Hospital News*, the official publication of the Pittsburgh homœopathic hospitals, records the elaborate work done for the Spring Festival. The Rittenhouse Annex was given over to the affair. Every committee of the hospital association worked with a will, achieving their customary success.

The officers of the Ladies' Association were re-elected: President, Mrs. S. N. Benham; vice-presidents, Mesdames S. Jarvis Adams, Josiah Cohen, W. K. Shires, T. J. Gillespie; secretary, Mrs. George L. McCoy; treasurer, Mrs. Vernon S. Gaggin.

Any charity patient referred to the head of a department will be carefully examined and admitted to a ward if the case is practicable. The following are in charge of the departments: Drs. J. H. Thompson, general surgery; C. I. Wendt, gynecology; J. D. Kistler, orthopedics; H. B. Bryson, ophthalmology; T. W. Stephens, laryngology; F. C. Sawers, proctology; R. S. Marshall, general medicine; R. W. McClelland, obstetrics; C. W. Sample, children's medical; W. Joline Martin, roentgenology; S. M. Rinehart, heart and lungs. The hospital properties date from 1865 and include the Second avenue and the Centre avenue buildings. The total valuation made by the county officials is $1,196,654.12.

The interns appointed for the year June 15-16 are John P. Sharp, H. Malcolm Read and Myron Rudolph of Hahnemann, Philadelphia; M. F. Kappenberger, Ohio State, and D. K. Hall, of Hahnemann, Chicago.

The following appointments on the faculty of Hahnemann of Philadelphia were recommended by the governing faculty and accepted by the general faculty: Anatomy.—Dr. Muhley, Professor Emeritus of Histology. Dr. Steinhilber, Associate Professor of Histology. Pathology.—A. F. Copeland, Assistant Materia Medica and Therapeutics.—W. B. Griggs, Director, and Donald Macfarland, Assistant Director of Hering Laboratory. Medicine.—Wm. B. Van Baun, Professor of Dietetics; G. Harlan Wells, Clinical Professor of Medicine; G. Henry Bickley, Clinical Professor, and H. M. Eberhard, Lecturer on Gastro-Enterology; Joseph McEldowney, Lecturer on Physical Diagnosis; J. L. Redman and B. K. Fletcher, Lecturers on Pediatrics; B. B. Fenimore, Instructor in Medicine. Neurology and Psychiatry.—W. Lawrence Hicks, Lecturer on Nervous Diseases. Surgery.—H. L. Northrop, Professor, and W. Nel-

son Hammond, Associate Professor of Surgery; W. C. Hunsicker, Associate Professor of and J. M. Kenworthy, Instructor on Genito-Urinary Diseases; D. J. Morton, Lecturer on Orthopedics and Mechanical Therapeutics. Obstetrics,—C. V. Clemmer and Joseph Hunter Smith, Assistants. Gynecology,—Wm. D. Culin, W. C. Mercer and N. S. Betts, Demonstrators. L. R. O. and O.,—Oscar Seeley and Fred Smith, Demonstrators.

The Pathological Department invited the Medical Department to a conference to discuss the correlation of medicine and pathology, upon the following principles: 1. A clear knowledge of the basic principles of pathology, the foundation for all clinical medicine; 2. Correlation of pathological principles and clinical practice; 3. Emphasis on the practical and elimination of technicalities in terms and methods.

Dr. B. F. Books, president of the state society, has been all over the state in the interests of the homœopathic profession. He will spend a considerable period of time in Philadelphia in June.

Dr. David B. Cooley, who has been securing valuable hospital experience, announces permanent location at 223 King street, Pottstown.

Wisconsin. The Homœopathic Medical Society of Wisconsin has joined the state meeting of Ohio and that of Missouri in giving special mention of the American Institute of Homœopathy upon the pages of its annual program.

The officers for 1915-1916 are:

S. W. Murphy, Kenosha, president; John E. Guy, Milwaukee, vice-president; Mary M. Hopkins, Oconto, secretary; Frank E. Brown, Milwaukee, treasurer; Lewis Sherman, Milwaukee, censor; George E. Ripley, Kenosha, delegate to the Institute. Because the Wisconsin state board examinations come the same week as the Institute session, John E. Guy was elected alternate.

There was a goodly delegation from Chicago. Drs. Chislett, Cobb, Cornell, FitzPatrick, Ford, Greene, Halbert, Harkness, Kuhlke and Street.

Dr. Street was not backward in presenting the opportunity for hospitality from the Middle West to the Institute.

Dr. Lewis Sherman, of Milwaukee, and Dr. John F. Schneider, of Oshkosh, are critically ill.

CHANGE OF ADDRESS

From Membership List in JOURNAL, November, 1914.

	Moved to
Arthur, Daniel H.	23 Olean Ave., Jersey City, N. J.
Beeler, Margaret H.	1631 Race St., Denver, Col.
Cobb, Joseph P.	5004 Drexel Blvd., Chicago, Ill.
Cooley, David B.	223 King St., Pottstown, Pa.
Dow, George H.	913 Market St., Chehalis, Wash.
Elms, Byron C.	4530 N. Albany Ave., Chicago, Ill.
Geis, J. A.	41 Yale Ave., Glendale, Brooklyn, N. Y.
Hamlin, Frederick W.	Lake View Farm, Brimfield, Mass.
Hart, Arthur H.	50 Farmington Ave., Hartford, Conn.
Hartley, Arthur	1534 N. 15th St., Philadelphia, Pa.
Higbie, Annie S.	Babylon, L. I., N. Y.
Johnson, Julian P. M.	Grants Pass, Ore.
Minahan, Thomas, Jr.	N. Main St., Hubbard, O.
Mitchell, Roy E.	206½ S. Barstow St., Eau Claire, Wis.
Morris, John W.	Box 717, Wheeling, W. Va.
Nedden, Frederick Zur	728 42d St., Milwaukee, Wis.
Patchen, George H.	13 Central Pk. W., New York, N. Y.
Perkins, Chas. W.	234 Central Pk. W., New York, N. Y.
Rafacz, M. E.	St. Margaret's Hospital, Hammond, Ind.
Seibert, Wm. A.	Northampton Nat'l. Bk. Bldg., Easton, Pa.
Staples, Henry F.	3054 Somerton Rd., Cleveland, O.
Thompson, Fred E.	702 D. Whitney Bldg., Detroit, Mich.
Wood, L. S.	5335 Dorchester Ave., Chicago, Ill.

OBITUARIES

What has it all been for? For the knowledge that makes life richer; for the friendship that makes life sweeter; for the training that brings power.—Briggs.

William O. Mann, M. D., Boston, Mass., died April 9, 1915. The death of Dr. Mann, following a surgical operation, has plunged Boston University School of Medicine and the Massachusetts Homœopathic Hospital Staff into profound grief. Dr. Mann was born in Randolph, Mass. His wife was Miss Frances Fairchild of Kasson, Minn. He was graduated from Boston University School of Medicine, 1892. After a period of service in the Westboro Hospital, and at Fergus Falls, Minn., he was elected Superintendent of the Massachusetts Homœopathic Hospital in 1899. It was as an executive officer that Dr. Mann excelled. No detail was too small; no technicality uninteresting in the conservation and administration of the funds entrusted to the institutions under his supervision. He joined the Institute the year after entering upon his last appointment. Last year he was elected president of the American Hospital Association. The period of Dr. Mann's service at the Massachusetts Homœopathic Hospital has been its period of most brilliant achievement. And Dr. Mann contributed in large measure to that record.

Landreth W. Thompson, M. D., Philadelphia, Pa., a senior in the Institute, and active in local society work, died March 31, 1915. A member of the A. I. H. since 1887.

Will M. Nead, M. D., Albany, N. Y. The death of Dr. Nead has recently been reported to the JOURNAL, as having occurred in the spring of 1914. Dr. Nead joined the Institute in 1892.

Philippina Wagner, Carson City, Nevada. Joined the Institute in 1893. Death reported to the Treasurer, May, 1915.

Jerome C. M. Chaffee, M. D., died in Chicago, April 2, 1915. Dr. Chaffee was graduated from the Cleveland College in 1868; a member of the Institute since 1913.

SOCIETY PROGRAMS

Oklahoma Medical Institute of Homœopathy. April 20 and 21, 1915. Reported by the Secretary, Dr. F. W. Hammond.

Complications of the Ear Following Grip.....
.....D. W. Miller, M. D., Blackwell.
Ethmoiditis.....C. E. Allen, M. D., Kansas City, Mo.
Hygiene—Its Important Relation to Medicine.....
.....S. B. Leslie, M. D., Okmulgee
Dairies and Bottle-fed Babies....W. LeRoy Bonnell, M. D. Chickasaw
Genito-Urinary Complication.....Chas. W. Baird, Medicine Park
A Pediatric Discussion.....L. S. Cunningham, M. D., Tulsa
Two Clinical Cases.....Mary E. Ray, M. D. Bartlesville
Cholera Infantum.....C. A. Nafus, M. D., Eram
Pellagra.....William W. Osgood, M. D., Muskogee
Diphtheria.....Silas C. Whitcomb, M. D., Hastings
Pneumonia.....A. S. Phelps, M. D., Oklahoma City
Clinical Record.....Victor H. Hallman, M. D., Hot Springs, Ark.
Homœopathic Propaganda.....Wm. Davis Foster, M. D., Kansas, Mo
Thirty Years of Homœopathic Prescribing.....
.....B. F. Bailey, M. D., Lincoln, Neb.
Materia Medica.....P. G. Eiler, M. D., Quinlan
Pure Homœopathy in Chronic Cases..J. H. Peterman, M. D., Ardmore
Internal Medication.....D. S. Gaede, M. D. Weatherford
Ipecac and Its Alkaloids.....F. W. Hammond, M. D., Lawton
The Hooded Clitoris.....C. A. Feige, M. D., Kansas City, Mo.
Obstetric Points.....F. J. Boutin, M. D., Coyle
Differential Diagnosis in Extra-Uterine Pregnancy.....
.....Bertram Johnson, M. D., Avant

Other papers by Drs. C. R. Phelps Cushing of Cushing; Lewis Inman of Oklahoma City; Lela DeVasher of Muskogee, and Albert Smith of Parsons, Kansas.

Homœopathic Medical Society of Wisconsin. May 19 and 20, 1915. Papers not reported in the preliminary announcement in the May JOURNAL:

The Eye; a twenty-minute talk. (Illustrated).....
.....W. N. Linn, M. D., Oshkosh
Modern Surgery of the Tonsils....Richard H. Street, M. D. Chicago
Strabismus.....John E. Guy, M. D. Milwaukee
Sex Hygiene and Nervous Affections (Moving pictures).....
.....C. D. Collins, M. D., Chicago
Obesity.....Luella E. Axtell, M. D., Marinette
The Doctor of Tomorrow: As Health Officer.....
.....M. M. Hopkins, M. D., Oconto
As Physician.....
.....M. L. Ewing, M. D., Evansville

Practitioners' Society. Detroit, May 13, 1915. Reported by Secretary Neil Bentley.

Myelocyte Leukemia. Report of a Case.....George Caron, M. D.
Simplified Methods in Infant Feeding.....A. Mentzner, M. D.

Cleveland Homœopathic Medical Society. April and May. Reported by Dr. C. G. La Rocco, Secretary.

Trip to Central America.....William H. Phillips, M. D.
Foreign Bodies in the Eye.....H. E. Thompson, M. D.
Paper.....By Carl H. Rust, M. D.
Puerperal Infection.....L. E. Siemon, M. D.
Anesthesia and Anesthetics.....J. T. Henderson, M. D.
Twilight Sleep.....Frieda E. Weiss, M. D.
Clinical Reports.....F. E. Bard, M. D.

BOOK REVIEWS

Practice of Medicine. By Walter Sands Mills, A. B., M. D., Professor of Medicine, New York Homœopathic Medical College and Flower Hospital, Physician to the Metropolitan Hospital, and to the Tuberculosis Infirmary, Department of Public Charities. 705 pages. Buckram. Gilt top. $5.00, net. Philadelphia, Boericke & Tafel, 1915.

It is pleasant to take up a book printed on unglazed paper. The schema of each chapter and of the book as a whole is a guide to more extensive reading. Dr. Mills emphasizes the clinical aspect of diseases, utilizing his experience in the Metropolitan and Flower hospitals as well as his private practice. In citing personal experiences, he quotes from "notes written at the time, and not from memory." The author definitely states that his preference in remedies is for the dilutions from the third to the sixth; for dilutions of all remedies made from tinctures; that minerals are the only remedies used in trituration; that some of these in the higher potencies are in liquid form. The therapeutic suggestions are carefully made

and with such painstaking preparation that they are a valuable acquisition. The section on Mental Diseases and Psychoses has an excellent introduction on Symptoms of Mental Alienation. The general practitioner needs a far better training in the early recognition of mental deviation than is commonly obtained. Often, valuable time is lost under the vague judgment, "neurotic," "hysterical," "worn out." And "tissue food," "strong tonics," or "discipline," fritter away an important period in internal therapy and preventive hygiene, because the medical student is not drilled in the diagnosis of the initial stage of mental or nervous disease. Homœopathic therapeutics and and physical therapeutics in our state hospitals have demonstrated again and again the value of these measures in modifying the violence of the disease and sometimes in the restoration to economic activity. Dr. Mills' contribution to homœopathic literature deserves a place upon Editor Howell's five foot shelf. *S. M. H.*

Keynotes of the Homœopathic Materia Medica. Lippe's Keynotes. Edited by Donald Macfarland, M. D., Assistant Director of Hering Laboratory, Philadelphia. Boericke & Tafel, Philadelphia, 1915.

The concurrence of the publication of the Lippe Keynotes with the Biography of Constantine Hering recalls the incident recently related by Dr. William Boericke in San Francisco. An imperious patient demanded immediate attention. Her footman stood at the carriage door outside. She had "no time to wait for the mob." She made her appeal to Dr. Hering as he came from his consultation room. With a gracious smile, Hering replied, "Madam, you must wait. If you cannot wait, go to Dr. Lippe, who lives on Chestnut St. He, as a real count, will recognize your superior demands, while I am a democrat and cannot allow social distinctions in my office."

This little book is a concise volume, with data, brief and accurate. Each remedy is accorded, when practicable, a single page. A generous margin allows space for verification or other comment.

Dr. Macfarlan acknowledges valuable suggestions from the editor of the *Homœopathic Recorder*, E. P. Anshutz, also from W. B. Griggs, J. A. Borneman, W. H. Yeager and G. Harlan Wells of the Hahnemann Philadelphia faculty. *S. M. H.*

La Homœopatia. Bogota. Colombia, South America.

Dr. Julio F. Convers, President of the Homœopathic Institute of Bogota, and corresponding member of the American Institute, presents a clear and interesting summary of the principles and history of homœopathy. There is also a concise defense of homœopathic treatment of whooping cough. *F. J.*

The Hahnemannian Consultation Blank. Published by F. H. Lutze, M. D., 403 Jefferson Ave., Brooklyn. Price 10 cents; 1 dozen, 75 cents; $5.50 per hundred.

A compact pamphlet for the careful taking of the case and running down the similar remedy.

Transactions of the Connecticut Homœopathic Medical Society. This is one of our oldest state organizations, presenting its 64th annual report. Its roll of members reads like a page from the membership of the Institute. Drs. Edward Beecher Hooker and Clarence N. Payne are members of the Interstate Committee of the A. I. H.

The John Crerar Library. Nineteenth Annual Report, 1913.

This library is still in its crowded quarters in the Marshall Field building. In spite of its handicap in space, it is doing a splendid work in offering the technical student many valuable books of reference. The Medical Department reports an addition of 2,956 volumes and 3,143 pamphlets. Contributions of new or rare old books are promptly acknowledged. If they duplicate what is already on the shelves, they are exchanged with other libraries.

Newton Hospital, Newton, Mass. Thirty-third Annual Report. Year ending Aug. 31, 1914.

A general hospital, medical, surgical, obstetrical and contagious. W. C. Bray, president; George E. May, M. D., chairman of executive committee. Privileges are equally divided between old school and homœopathic patrons. Supported by voluntary contributions, earnings and a small endowment. Net valuation, $250,000.00. A visiting staff of three surgeons and two assistants, a resident staff of two graduates in medicine. Total cases during 1913-1914, 2,023.

Infection and Immunity. A Text-book of Immunology and Serology. For Students and Practitioners. By Charles E. Simon, B. A., M. D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore; Pathologist to the Union Protestant Infirmary, the Women's Hospital of Maryland and the Mercy Hospital, Baltimore. Third Edition, enlarged and thoroughly revised. Octavo, 351 pages, illustrated. Cloth, $3.25 net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

A third edition of a reliable book.

Materia Medica and Therapeutics. A Text-book for Nurses. By Linette A. Parker, B. Sc., R. N., Instructor in Nursing and Health, Teachers College, Columbia University. 12mo, 311 pages, illustrated with 29 engravings and 3 plates. Cloth, $1.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

A concise chapter on habit-forming drugs makes this book timely for nurses.

1844-1915

American Institute of Homoeopathy

PROGRAM

FOR THE

SEVENTY-FIRST ANNUAL MEETING

Hotel Sherman, Chicago
Sunday Evening, June 27, to
Saturday, July 3, 1915

OFFICERS.

BYRON E. MILLER, Portland, Ore., President
JOHN J. DETWILLER, Easton, Pa., Honorary President
HARRIS H. BAXTER, Cleveland, First Vice-President
MARY E. MOSHER, Boston, Second Vice-President
SARAH M. HOBSON, Chicago, Secretary
THOS. FRANKLIN SMITH, New York, Treasurer
WILLIAM O. FORBES, Hot Springs, Ark., Registrar

TRUSTEES.

J. RICHEY HORNER, Cleveland — JAMES W. WARD, San Francisco
ARTHUR B. NORTON, New York — WILBERT B. HINSDALE, Ann Arbor
THOS. H. CARMICHAEL, Philadelphia — JOSEPH P. COBB, Chicago
JOHN P. SUTHERLAND, Boston — WALTER E. REILY, Fulton, Mo.
CHARLES E. SAWYER, Marion, Ohio

CENSORS.

WILLARD A. PAUL, Boston
A. C. COWPERTHWAITE, Los Angeles
MILLIE J. CHAPMAN, Springboro, Pa.
WALTER E. REILY, Fulton, Mo.
JOHN B. GARRISON, New York

PROGRAM

AMERICAN INSTITUTE OF HOMOEOPATHY

Sunday Evening, June 27—Saturday, July 3, 1915

SCHEDULE

Hotel Sherman, Third Floor

Sunday Evening at 8:30. Memorial Service. Crystal Room

	Monday	Tuesday	Wednesday	Thursday	Friday
9 to 10:15	Business	Sessions	at 9:00	o'clock in	Louis XVI
10:30 to 1	Pedology	San. Sci. All Morn	Homœopathy ing Sessions in	Clin. Med. Louis XVI	Mat. Med.
2:30 to 6	Pedology Louis XVI S. and G. Crystal Clin. Res. 115	San. Sci. Louis XVI S. and G. Crystal Clin. Res. 115	Homœopathy Louis XVI S. and G. Crystal Phys. Ther. Rose	Clin. Med. Louis XVI Obstetrical Crystal D. and G-U. 115	Mat. Med. Louis XVI Obstetrical Crystal Phys. Ther. Rose
*	Reception and Dancing Louis XVI	Steamship Ride on Lake Michigan Dancing S. and G. Clin. Res.	Dinners: Seniors Fraternity Alumni	Phys. Ther. Louis XVI Obstetrical Crystal D. and G-U. 115	Dramatics at the Art Institute Mich. Ave. and Adams St.

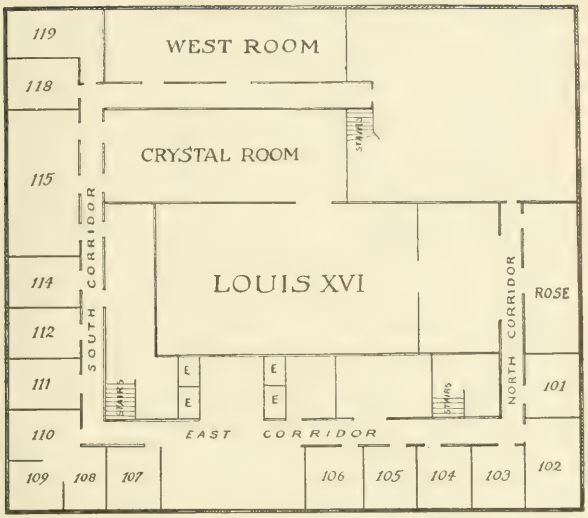
*Monday evening reception, 9 to 11; Louis XVI.

Hour of sailing on Tuesday evening to be announced by the Local Committee. See the Bulletin Board.

Wednesday evening dinners. See the Bulletin Board.

Unfinished bureaus on Thursday evening, 8:30 to 10:30.

Dramatic Program in Fullerton Hall in the Art Institute at 8:30. The Field Room of Modern French painting is on the second floor; also the old Dutch exhibit. All of the rooms will be open to visiting members.



HOTEL SHERMAN THIRD FLOOR

Business Sessions. Louis XVI.

Morning Sessions of Bureaus. Louis XVI.

O. O. and L. Society. West Room.

Other Bureaus and Societies as named on the program.

Exhibits in the corridors and adjacent rooms.

Registrar and Treasurer. 104 and 103.

Press Headquarters. 110.

Trustees. 102.

Business Manager. 108.

Information. 109.

Committee rooms. 111, 112 and 114.

O. O. and L. committee rooms. 118 and 119.

Writing rooms and public stenographers on the mezzanine floor below.

Headquarters for Meissen, After Dinner Club and Fraternities on the mezzanine floor.

E E E E—Elevators.

CHICAGO

Hotel Sherman is official headquarters for the 1915 session. This hotel has been the approved meeting place of local and state meetings for many years. The management has extended every courtesy to officers and members. It is located on the corner of Randolph and Clark streets, on the north side of City Hall Square, in the heart of the business and amusement section.

It is conducted on the European plan. Every room has its bath and circulating distilled ice water. The prices for the week of the Institute range from $2.00 a day up. Make your reservations now. The Italian dining room is a quiet room in the northeast corner of the lobby floor. The Celtic Grill is in the southwest corner of the same floor. The College Inn, with its ice skating in summer, has a nation-wide reputation.

Agents for Parmelee's Transfer Company meet all in-coming trains. Check your baggage direct to Hotel Sherman for baggage transfer and passenger service.

THE PRESIDENT'S FOREWORD

Every successful general must be supported by the brightest and brainiest in his command. Let us perfect our organization along the lines of scientific facts and good business principles. I will do my best to prevent long speeches. If the members will stand back of me the time limit shall be observed in the business meetings. With your loyal support, we can carry forward a successful campaign.

PRESS HEADQUARTERS

Every member who has a paper is requested to leave a copy at press headquarters, Room 110, unless such copy has already been forwarded to the chairman of this committee, Dr. Scott Parsons. Mr. H. B. Chamberlin, of the Associated Press, is detailed to the Institute session.

MEMORIAL SERVICE

Sunday Evening at 8:30 P. M. Crystal Room

Music.

Brief address, by Elmer E. Vaughan, Chairman of Committee on Local Arrangements.

Report of the Necrologist. Mary Elizabeth Hanks, Chicago.

Memorial Address. O. S. Runnels, Indianapolis.

Music.

Memorial Committee. E. E. Vaughan, Elmer T. White, Chicago; Lewis K. Marshall, Toledo; Harlow B. Drake, Detroit; John S. Martin, Muncie, Ind.

In Memoriam

Arranged in order of seniority in Institute membership.

James B. Bell, 1868.
Lemuel Conant Grosvenor, 1870.
Prosper Bender, 1872.
Nicholas B. Delamater, 1874.
John William Hayward, 1876.
Joseph T. Cook, 1881.
J. Morgan Howe, 1881.
Henry R. Stout, 1882.
Landreth W. Thompson, 1887.
Bukk G. Carleton, 1890.
Frank H. Honberger, 1893.
Philippina Wagner, 1893.
William A. Forster, 1897.
William W. Knowlton, 1899.
Daniel C. Noble, 1899.
William O. Mann, 1900.
Arthur F. Eife, 1906.
Edward Harper, 1906.
Nathan Cash, 1908.
Henry H. Pilling, 1909.
Paul Rose, 1909.
Walter V. Hanscom, 1911.
Geo. W. Spencer, 1912.
Jerome C. M. Chaffee, 1913.
John M. Smith, 1913.
Leslie Glover, 1914.
John M. Urich, 1914.
Jared D. Wetmore. Endorsed by Censors for 1915.

The following members died during the Institute year 1913-1914, but the names were received too late for the Atlantic City record:

Samuel H. Sparhawk, 1903, d. Mar. 3, 1914.
Will M. Nead, 1892. Died spring of 1914.
Emma Eastman Sanborn, 1896, d. May 24, 1914.

THE MONDAY EVENING WELCOME

Reception Committee: Trustee J. Richey Horner, Vice-President Mary E. Mosher, Drs. Elmer E. Vaughan, Clifford Mitchell, Samuel H. Aurand, T. Edward Costain, Mary E. Hanks, Julia C. Strawn, Gilbert FitzPatrick, Elmer T. White, C. Edward Sayre, Eugene A. Moulton, Theodore Bacmeister and LeRoy H. Thompson.

Presiding Officer, First Vice-President, Harris H. Baxter.
Five minute addresses of welcome.
Response: Second Vice-President, Mary E. Mosher.
President Miller's Address.
Music and dancing.

TUESDAY EVENING ON LAKE MICHIGAN

Entertainment Committee: Drs. A. C. Tenney, Theodore Bacmeister, Mary F. McCrillis, John Cornell, Gilbert FitzPatrick, LeRoy H. Thompson, Mary C. Cornell, Carleton Harkness, Belle Gurney, Mrs. A. H. Gordon, Mrs. Adeline Atwater, Mrs. Gilbert FitzPatrick, Mrs. A. C. Tenney and Mrs. L. H. Thompson, Dr. and Mrs. C. G. Fellows, Dr. and Mrs. G. M. Cushing, Dr. A. H. Gordon.

Dr. Tenney has chartered one of the large lake steamers for the entertainment of the members and their friends on Tuesday evening. There will be music and dancing, an assembly room for papers from the Surgical and Gynecological Society, and for the Bureau of Clinical Research; also space for sociability apart both from music and scientific papers.

Further details will be found on the Bulletin in the Louis XVI room.

WEDNESDAY EVENING DINNERS

Fraternity Headquarters on the Mezzanine Floor

Seniors: Announcement to be made at the meeting of the Seniors, Monday noon.

Alpha Sigma: Banquet at Hotel Sherman. Details at Headquarters, from Dr. John Cornell.

Phi Alpha Gamma: Dr. Gilbert FitzPatrick is the representative on the Local Committee and guarantees a banquet with details at Headquarters at the Sherman.

Pi Upsilon Rho will hold their annual meeting at Hotel Sherman during the week of the Institute. Dr. A. W. Hobart of Horlick fame is Business Manager. Further details of program at Pi Upsilon headquarters. President Thompson is the representative on the Local Committee.

Institute Fraternity and After Dinner Club: Mary Cornell and Mary F. McCrillis promise an automobile ride, with dinner and three-minute speeches.

The Meissen: Arrangements in command of Mrs. Arthur H. Gordon.

FRIDAY EVENING DRAMATICS

Dramatic Committee: Dr. C. Gurnee Fellows, Mrs. LeRoy H. Thompson, Mrs. A. L. Tenney, Mrs. A. H. Gordon, Mrs. C. Gurnee Fellows, Dr. Sarah Hobson.

Dr. Fellows has secured the co-operation of Miss Marjory Valentine and a group of workers in the Dramatic Circle of the Chicago College Club; also Dr. Frank Wieland. The College Club Dramatic Circle will produce Joint Owners in Spain. Dr. Wieland and Miss Valentine are at work on a partnership production which promises to give full value for the time spent. The trustees of the Art Institute extend the hospitality of their institution, on Michigan avenue opposite Adams street, 8:30 P. M.

HOTEL AND EXHIBITS

Dr. Carleton A. Harkness and Mr. George B. Hoyt are the final reference on all questions pertaining to the Institute arrangements in the hotel.

The exhibits are under the management of Mr. Hoyt, Exhibits Manager for the Board of Trustees. The exhibitors bring to you their best products. Give them the courtesy of an audience.

NEW MEMBERS

Dr. Belle Gurney has enlisted Drs. G. M. Cushing, Abbie A. Hinkle, Mary Cornell and Marguerite Everham to gather in applications for membership.

GENERAL INFORMATION AND RAILROADS

Dr. Theodore Bacmeister and Dr. T. E. Costain will have a table in the East Corridor from which all miscellaneous information and bulletin notices will be dispensed.

FINANCE

Last, and fundamental to the entire Committee on Local Arrangements, is the finance staff: Drs. Richard Street, Jos. P. Cobb, Mary

F. McCrillis, Belle Gurney, Jesse T. Boone, H. R. Schofield and Harry F. Knapp.

SENIORS

All members who joined in 1890 become Seniors at this session of the Institute.

A meeting of the Seniors will be held on Monday at 12:00 o'clock in the Rose room. By order of

Thomas Franklin Smith, M. D., Secretary.

THE MEISSEN

The headquarters of the Meissen are rooms 108, 109 and 110, on the convention floor. This social organization of the doctors' wives and daughters is under the local management of Mrs. Arthur H. Gordon and her local committee. These guests of the Institute are cordially invited to register early, secure programs of the week's activities, and enter upon the general plan of hospitality and festivity.

There will be an opportunity to visit Chicago social settlements, the playgrounds, art exhibits, parks, or whatever may be of individual interest. Teas, cards, shopping will also be arranged for. Each member is responsible for the success of the organization. Dues: one dollar a year.

Officers for 1915: Mrs. Walter Gray Crump, New York City, president; Mrs. M. D. Youngman, Atlantic City, 1st vice-president; Mrs. R. Milton Richards, Detroit, 2d vice-president; Mrs. J. W. Harris, Denver, treasurer; Mrs. J. B. Brown, Denver, secretary; Mrs. A. H. Gordon, Chicago, local chairman; Mrs. T. E. Costain, hospitality committee.

THE INSTITUTE FRATERNITY

The chief purpose of this social organization of medical women is hospitality. Incidentally, with annual dues of one dollar a year, there is an occasional gift to the Institute. One hundred dollars was given the Institute fund at Kansas City. At Atlantic City, in 1906, the treasury was emptied in behalf of the San Francisco physicians who had suffered loss from fire. At Denver, a hundred dollars was contributed to the Propagandistic Fund. Under the careful management of the Secretary-Treasurer, no penny goes astray.

Headquarters at Hotel Sherman, room 112.

At the fraternity dinner, Wednesday evening, June 30, the After Dinner Club shares the honors of hospitality with the Institute Fraternity.

President—Mary M. Hopkins, M. D., Oconto, Wis.

1st Vice-President—Lucy B. Hall, M. D., Hyde Park, Mass.

2nd Vice-President—Cornelia C. Brant, M. D., Brooklyn, N. Y.

Secretary and Treasurer—Marie Louise Hunt, M. D., Hyde Park Hotel, Chicago, Ill.

Local Committee—Mary C. Cornell, M. D., Chicago, Ill.; Annie W. Spencer, M. D., Batavia, Ill.; Cecilia P. Kimball, M. D., Chicago, Ill.; Mary L. Ewing, M. D., Evansville, Wis.

BUSINESS OF THE INSTITUTE

Business Sessions. The Louis XVI room is on the third floor and reached by either the north or the south corridor. Business from nine to ten-fifteen. Every member who pays dues has an interest in the way the money is spent. Come to the business meetings.

Voting. In order to vote for nine new officers, your dues, 1914-1915, must be paid. Verify your financial standing at the Treasurer's desk, room 103.

Registration. Your friends cannot find you unless you register. Register early, room 104, and wear your badge.

Election of Officers. Important change. The By-Laws, Art. X, Sec. 8, call for election of officers on the "3rd morning of the annual business session at ten o'clock."

The officers to be elected are president, two vice-presidents, secretary, treasurer, registrar, three trustees and one censor.

Any member may present a nominee. A nominee must be endorsed by ten members. No member may endorse more than one name for each officer. Nomination cards may be obtained from the Secretary.

Nominations, properly endorsed, must be in the hands of the Secretary on Tuesday morning at ten o'clock. Election of officers, Wednesday morning from ten to twelve. See Art. X, Sec. 8, of the By-Laws, in the February JOURNAL, 1915.

Amendments. There is an important committee report in the May **Journal,** page 1338, on the proposed amendment to the first article of the constitution. This was proposed at the Denver session, and last year was referred to a special committee.

There is a proposed amendment looking toward the nomination and election of officers by postal vote. Read this carefully and come to the business meeting.

By vote of the Institute at Atlantic City, a special committee was appointed "to revise the Constitution and By-Laws, and to report such revision at the next annual session for consideration and adoption." A preliminary report of this committee is published in the May JOURNAL, page 1357.

PROPOSED AMENDMENTS

Art. I, Constitution. From the words "but especially," to read: "To secure general recognition and acceptance of homœopathy as a therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases."

Referred to special committee, Dr. James Krauss, Chairman.

General Revision. Referred to Revision Committee, Dr. James Wood, Chairman.

Amendment to By-Laws, Art. X, Sec. 8: Strike out the whole section and insert the following:

The nominations for officers shall be in the hands of the Secre-

tary of the Institute before the first day of February preceding the date of the annual session of the Institute. Any member of the Institute meeting the requirements of Article II, Section 1 of the By-Laws, and who has the endorsement of fifty members of the Institute shall be considered a nominee. No nomination shall be considered after the first day of February preceding the annual session. If no nomination papers are handed in it shall be the duty of the Board of Trustees to see that at least one paper shall be presented to the Secretary for each of the elective offices.

At least sixty (60) days before the date of the annual session of the Institute the Secretary shall prepare a ballot on which shall be printed the names of all the nominees for all the offices of the Institute and shall mail a copy to every member of the Institute. Accompanying the ballot shall be three envelopes designated I, II and III, the first to receive the vote of the member for officers, the second the vote of the member upon questions of policy and the third for the purpose of returning the votes of the member to the Secretary. Upon envelope No. III the member shall write his name and address. Envelope number III including envelopes number I and II must be in the hands of the Secretary fifteen days before the first day of the annual session.

The Secretary of the Institute, together with two members appointed by the Board of Trustees shall constitute a committee whose duty it shall be to canvass the votes and present the result to the President of the Institute before 10:00 A. M. of the first day of the annual session

WORKING RULES

Selected from the By-Laws

This Institute shall hold at least one session each year, at such time and place as may be determined upon from time to time by the Board of Trustees.

The Officers shall enter upon their respective duties September 26 of each year, which date shall be known as Incorporation Day. No one shall be eligible to the office of President until he has been a member at least ten years, or to any other elective office until he has been a member five years.

The Board of Trustees shall have power to perform all the duties provided in Article III of the Constitution, shall arrange the business of the session and such matters as are not otherwise provided for, and perform such duties as by vote of the Institute may devolve upon it. It shall have power temporarily to fill any vacancies occurring among the elective officers.

The time allotted to any committee for the presentation of its report shall not exceed fifteen minutes. No report shall be received from any committee except in writing.

In all discussions no speaker shall be allowed more than five minutes, nor to speak more than once upon the same subject, except by vote of consent taken in the usual manner.

BUSINESS SESSIONS

Hotel Sherman, Louis XVI Room, Monday, 9:00 to 10:15 A. M.

Call to order.
Business address. President Byron E. Miller.
Appointment of committee on President's address.
Vice-President Harris H. Baxter.
Adoption of the order of business.
Report from the Board of Trustees. By the Secretary.
Report of the Treasurer. Thos. Franklin Smith.
Report of Committee on Organization, Registration and Statistics.
Chairman Thos. Franklin Smith.
Report on Institute JOURNAL. Trustee John P. Sutherland.
Appointments to fill vacancies on standing committees.
Report of Committee on Local Arrangements.
Chairman E. E. Vaughan.
Report of Press Committee. Chairman Scott Parsons.
Report of Transportation Committee. Chairman T. E. Costain.
Report of Board of Censors. Chairman Willard A. Paul.
Election of new members.
Report of Committee on Resolutions and Business.
Chairman J. P. Cobb.
Announcements.

Tuesday, 9:00 to 10:15 A. M.

Report of Censors. Chairman Willard A. Paul.
Election of new members.
Report of Committee on International Homœopathy.
Chairman Geo. B. Peck.
Report of Committee on the Hahnemann Monument.
Chairman Joseph H. Branson.
Report of Committee on Pharmacopœia.
Chairman Thos. H. Carmichael.
Report of Committee on New Members.
Chairman R. Milton Richards.
Report of Committee on Permanent Endowment.
Chairman Wm. H. Dieffenbach.
Report of Auditing Committee. Chairman T. T. Church.
Report of Committee on President's address.
Report of College Alliance. Trustee Hinsdale.
Report of Committee on Resolutions and Business.
Chairman J. P. Cobb.
Nominations for officers: President, First Vice-President, Second Vice-President, one year each; Secretary, Treasurer, Registrar, three Trustees, three years each; Censor for five years.
Unfinished business.
New business.
Announcements.

Wednesday, 9:00 to 10:15 A. M.

Report of Censors. Chairman Willard A. Paul.
Election of new members.
Report of Committee on Medical Examining Boards and Medical Legislation.
Chairman Gilbert FitzPatrick.
Report of Committee on National Legislation.
Chairman D. A. Strickler.
Report of Committee on International Council.
Chairman James W. Ward.
Report of Committee on Drug Proving.
Chairman J. B. Gregg Custis.
Report of the Joint Conference Committee.
Chairman Herbert D. Schenck.
Report of Committee on Conference with Eclectic Medical Association.
Chairman Henry C. Aldrich.
Report of Committee on Resolutions and Business.
Chairman J. P. Cobb.
Unfinished business.
New business.
Announcements.
Election of officers. 10:00 A. M. till noon.

Thursday, 9:00 to 10:15 A. M.

Report of Censors. Chairman Willard A. Paul.
Election of new members.
Report of Council on Medical Education.
Chairman George Royal.
Report of Committee on Homœopathic Hand Book.
Chairman R. S. Copeland.
Report of Committee on American College of Surgeons.
Chairman James C. Wood.
Report of Interstate Committee. Chairman E. Arthur Carr.
Report of Election Inspectors.
Report of Trustees on place of meeting, 1916.
Report of Committee on Resolutions and Business.
Chairman J. P. Cobb.
Unfinished business.
New business.
Announcements.

Friday, 9:00 to 10:15 A. M.

Report of Censors. Chairman Willard A. Paul.
Election of new members.
Report of Committee on Amendment Art. I of the Constitution.
Chairman James Krauss.
Report of the Committee on General Revision of the Constitution and By-Laws. Chairman James C. Wood.

Action upon proposed amendment for nomination and election by postal vote.
Action upon the Foster-Royal amendment for nomination and election of officers by postal vote.
Report of Committee on Resolutions and Business.
Chairman J. P. Cobb.
Unfinished business.
New business.
Announcements.

Saturday, 9:00 A. M.

Final Report of Censors. Chairman Willard A. Paul.
Election of new members.
Final Reports of Bureaus.
Homœopathy. Chairman Royal S. Copeland.
Clinical Medicine and Pathology. Chairman Chas. E. Sawyer.
Materia Medica and General Therapeutics. Chairman A. H. Gordon.
Pedology. Chairman Wilbert D. Hinsdale.
Sanitary Science. Chairman Henry F. Staples.
Dermatology and Genito-Urinary Diseases.
Chairman L. T. Ashcraft.
Clinical Research. Chairman James Krauss.
Unfinished business.
New business.
Adjournment.

BUREAUS AND AFFILIATED SOCIETIES

BUREAU OF PEDOLOGY

WILBERT B. HINSDALE, Chairman, Ann Arbor.

Monday, 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M. Louis XVI.
Children and the Family Doctor. Lincoln Phillips, Cincinnati.
Ear Complications of the Exanthemata. Neil Bentley, Detroit.
Pulmonary Tuberculosis in Children. A. B. Schneider, Cleveland.
Prophylactic Value of Play.
Professor Allan Hoben, University of Chicago.
Effect of Play on Mental Development and Education.
Anson Cameron, Chicago
Effect of Play on Metabolism. Jos. P. Cobb, Chicago.

BUREAU OF SANITARY SCIENCE

HENRY F. STAPLES, Chairman, Cleveland, Ohio.

Tuesday, 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M. Louis XVI.
Principles of Disinfection versus the Practice in Disinfection.
George B. Young, Former Commissioner of Health, Chicago.
Some Causes Which Promote Prostitution: Their Influence on Public Health. Albert A. Ogle, Indianapolis.

Twelve Propositions for Race Regeneration.
Elizabeth Hamilton Muncie, Brooklyn.

Educational Prophylaxis. G. D. Cameron, Chagrin Falls, O.

Homœopathy and Public Health.
Harry H. Crum, Sanitary Supervisor, Ithaca, N. Y.

The General Practitioner as a Sanitarian.
James D. Varney, Greenfield, O.

BUREAU OF HOMŒOPATHY

ROYAL S. COPELAND, Chairman, New York.

Wednesday, 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M. Louis XVI.

Chairman's Address:
Mores Mutabiles. Theodore Bacmeister, Chicago.
Homœopathy in the Light of Modern Theories of Immunity.
Joseph H. Ball, New York City.
The Perpetuity of Our Institutions.
J. B. Gregg Custis, Washington, D. C.
Neglected Homœopathic Values. Chas. E. Fisher, Sterling, Col.
Modernize Your Propaganda. Burton Haseltine, Chicago.
The Young Graduate's Criticism of Homœopathic Teaching.
Leon J. Loizeaux, New York City.
Homœopathy the Distinctive Feature for Our Colleges.
Geo. Forrest Martin, Lowell, Mass.
Biological Correlation of the Law of Similars.
Ralph Mellon, Ann Arbor, Mich.
Homœopathy and Its Relations to Diagnosis.
Herbert D. Schenck, Brooklyn, N. Y.
A Plea for a Practical, Up-to-date Repertory.
James C. Wood, Cleveland, O.

BUREAU OF CLINICAL MEDICINE AND PATHOLOGY

CHARLES E. SAWYER, Chairman, Marion, O.

Thursday, 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M. Louis XVI.
Chairman's Address: The Contribution of the Specialist to the General Practitioner.
Homœopathy in Skin Diseases. Ralph Bernstein, Philadelphia.
Modern Conduct of Normal Labor. Gilbert FitzPatrick, Chicago.
Homœopathy in Clinical Surgery. Claude A. Burrett, Columbus, O.
Latest Methods in Eye, Ear, Nose and Throat Treatment.
Dean W. Myers, Ann Arbor.
The Duty of the Homœopath and the Proper Handling of the Insane.
J. Richey Horner, Cleveland.
Laboratory Studies on Kali Bichromicum.
Albert E. Hinsdale, Columbus, O.
Dietetics in Organic Disorders. A. S. DeWitt, Detroit, Mich.

Why the Homœopath Should Be a Diagnostician.
Harry E. Koons, Danville, Va.

Autogenous Serum as a Dermal Therapeutic Measure.
Frederick M. Dearborn, New York.

BUREAU OF MATERIA MEDICA AND GENERAL THERAPEUTICS

ARTHUR H. GORDON, Chairman, Chicago.
ARTHUR H. GRIMMER, Secretary, Chicago.

Friday, 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M. Louis XVI.

Visionary Therapeutics. Samuel R. Geiser, Cincinnati, O.
Discussion: A. E. Hinsdale, Columbus, Ohio.

Treatment of Mental Diseases with Bacterial Vaccines.
Benj. F. Bailey, Lincoln, Nebr.

Symposium on Coffea.

Coffea: Its Influence on the Special Senses of Smell and Taste and its Respiratory Phenomena.
W. A. Dewey, Ann Arbor, Mich.

The Urinary Phenomena of Coffea.
Dean Wm. A. Pearson, Philadelphia.

The Mental Phenomena of Coffea Cruda and Caffein. Controlled by psychologic tests. Illustrated.
Edwin L. Nesbit, Bryn Mawr, Pa.

The Use of Drugs in Cardiac Disease.
John P. Rand, Worcester, Mass.
Discussion: Carl A. Williams, New London, Conn.

Cimicifuga. Ella M. Tuttle, New Berlin, N. Y.

Homœopathic Materia Medica: Vocational.
Wm. F. Baker, Philadelphia.

Anaphylaxis of Homœopathic Drugs.
Fred B. Grosvenor, Columbus, O.

Rhodium: A Pathogenetic Consideration.
Donald Macfarlan, Philadelphia.
Discussion: Aug. Korndoerfer, Philadelphia.

Proving of Alfalfa. A. L. Blackwood, Chicago.
Discussion: S. H. Aurand, Chicago.

Iodin. Augustus Korndoerfer, Philadelphia.

Phosphorus: Gertrude K. Meck, Cleveland.
Discussion: Harris H. Baxter, Cleveland.

Our Revised Pharmacopœia. Thos. H. Carmichael, Philadelphia.
Discussion: Lewis Sherman, Milwaukee, Wis.

Uncommon Remedies. Arthur H. Grimmer, Chicago.
Discussion: E. A. Taylor, Chicago.

Homœopathic Remedies in Rheumatism. Frank Branen, Chicago.

Comparisons Between Homœopathic and Allopathic Therapeutics.
George Royal, Des Moines, Iowa.

Radium Bromide. Guy B. Stearns, New York City.
Discussion: Wm. H. Dieffenbach, New York City.

BUREAU OF DERMATOLOGY AND GENITO-URINARY DISEASES

LEON T. ASHCRAFT, Chairman, Philadelphia.
E. RUSSELL SPRAGUE, Secretary, Syracuse, N. Y.

Thursday, 2:30 to 6:00 P. M., and 8:30 to 10:30 P. M. Room 115.

The Treatment of Seminal Vesiculitis. (Illustrated.)
L. T. Ashcraft, Philadelphia.

Cystoscopy in Obscure Female Bladder Symptoms.
G. F. Baer, Pittsburgh.

Special Dermatologic Procedures—Lantern Demonstration (in colors) of the Various Methods Used in the Successful Treatment of Epithelioma, Angioma, and Various Naevi.
Ralph Bernstein, Philadelphia.

The Examination of the Urinary Tract by the Rœntgen Ray. Stereoscopically Illustrated. Walter C. Barker, Philadelphia.

Papulo-Necrotic Tuberculides. C. D. Collins, Chicago.

Modern Views on the Treatment of Skin and Mucous Membrane Cancers. Fred'k M. Dearborn, New York City.

Dangers in the Use of Salvarsan and Kindred Preparations in the Treatment of Syphilis. (Illustrated.)
W. O. Forbes, Hot Springs, Ark.

The Early Types of Hydronephrosis—Its Etiology and Treatment. (Illustrated.) L. R. Kaufman, New York City.

The Best Technic of Suprapubic Prostatectomy.
James Krauss, Boston.

Intradural Treatment of Syphilis of the Central Nervous System.
E. E. Rowell, Stamford, Conn.

A Plea for the Early Diagnosis of Tuberculosis of the Upper Urinary Tract, and Its Treatment. E. Russell Sprague, Syracuse.

The Laboratory Diagnosis of Venereal Diseases.
W. H. Watters, Boston.

Significance of Urethral Discharges. Frank Wieland, Chicago.

Sexual Neuroses. Fred Wood, Chicago.

BUREAU OF CLINICAL RESEARCH

JAMES KRAUSS, Chairman, Boston.
DANIEL E. S. COLEMAN, Secretary, New York.

Monday and Tuesday, 2:30 to 6:00 P. M. Room 115.
Tuesday Evening on the Steamer.

I. **Clinical Research: Address by the Chairman.**

II. **Investigations:**

1. Laboratory Investigations.
   John H. Wilms, Cincinnati.
   Discussion: Wm. H. Watters, Boston; Clifford Mitchell, Chicago.
2. Morphologic Investigations of Idiosyncrasies.
   Philip Rice, San Francisco.
   Discussion: Wm. Boericke, San Francisco; Francis C. Ford, Chicago.

3. Food Investigations.
   Dean Wm. A. Pearson, Philadelphia.
   Discussion: John P. Sutherland, Boston, Guy E. Manning, San Francisco.
4. The Scientific Method of Drug Proving.
   Ralph R. Mellon, Ann Arbor.
   Discussion: W. A. Dewey, Ann Arbor; Allen C. Cowperthwaite, Los Angeles.

III. **Pathologic Researches:**

1. Distinctive Methods of Cancer Research.
   H. W. Nowell, Boston.
   Discussion: Wallace B. House, New York. The Chairman. (By request).
2. Experimental Effects of Coffea Cruda and Caffein Upon the Alimentary System. (Illustrated.)
   E. L. Nesbit, Bryn Mawr, Pa.
   Discussion: Joseph H. Ball, New York; H. H. Baxter, Cleveland.
3. Butyric Acid—A Proving.
   Donald Macfarlan, Philadelphia.
   Discussion: Wm. B. Griggs, Philadelphia; S. R. Geiser, Cincinnati, O.

IV. **Therapeutic Researches: The Necessary Conditions for the Practice Thereof.**

1. Hygienic Therapeutics.
   E. Arthur Carr, Lincoln, Neb.
   Discussion: Wm. H. Dieffenbach, New York; Fred'k A. Faust, Colorado Springs, Colo.
2. Surgical Therapeutics.
3. Homœopathic Medicinal Therapeutics.
   Daniel E. S. Coleman, New York.
   Discussion: George Royal, Des Moines, Ia.; A. L. Blackwood, Chicago.

V. **Results:**

1. Comparative Statistics from the Louisville City Hospital.
   F. C. Askenstedt, Louisville, Ky.
   Discussion: Orando S. Ritch, Brooklyn, N. Y.; Thos. H. Carmichael, Philadelphia.

OBSTETRICAL SOCIETY.

R. MILTON RICHARDS, President, Detroit.
HUDSON D. BISHOP, Secretary-Treasurer, Cleveland.

Thursday and Friday, 2:30 to 6:00 P. M. Crystal Room.
Thursday, 8:30 to 10:30 P. M. Crystal Room.

President's Address. R. Milton Richards, Detroit.

The Pelvic Floor: A study of the anatomy of the pelvic floor and its relation to the second stage of labor with the application thereto of Waldstein's Transverse Episiotomy.
Gilbert FitzPatrick, Chicago.
Discussion: Francis C. Ford, Chicago; W. G. Crump, New York.

The Third Stage of Labor. Stella Q. Root, Stamford, Conn.
Discussion: Wm. A. Humphrey, Columbus, O.

The Technic of Twilight Sleep. Florence N. Ward, San Francisco.
Discussion: Sarah M. Hobson, Chicago.

Diet and Dystocia. F. V. Wooldridge, Pittsburgh, Pa.
Discussion: Marie Louise Hunt, Chicago.

A New System of Delivery. Plummer D. Russell, Pueblo, Colo.
Discussion: Annie Whitney Spencer, Batavia, Ill.

The Relation of the Induction of Premature Labor to the Elective Cesarean Section. George R. Southwick, Boston.
Discussion: John E. James, Jr., Philadelphia.

The Treatment of Septic Abortion. Hudson D. Bishop, Cleveland.
Discussion: W. G. Crump, New York.

Eclampsia: Some Personal Experiences.
Earnest P. Mills, Ogden, Utah.
Discussion: Edmon E. Richardson, Mattoon, Ill.

Venesection in Eclampsia. Geo. E. May, Newton Falls, Mass.
Discussion: W. H. Diebel, Detroit.

The Rotation of the Posterior Occiput.
John W. Cogswell, Iowa City, Ia.
Discussion: Belle Gurney, Chicago.

Pituitrin. G. A. Huntoon, Des Moines, Ia.
Discussion: W. E. Reily, Fulton, Mo.

SURGICAL AND GYNECOLOGICAL SOCIETY.

CLAUDE A. BURRETT, President, Columbus, O.
SCOTT PARSONS, Secretary, St. Louis.

Monday, Tuesday and Wednesday, 2:30 to 6:00 P. M. Crystal Room. Tuesday Evening on the Steamer.

The Essentials of Scoliosis. Harlan P. Cole, New York.

Acute Perforating Ulcer of the Stomach: Report of Cases.
G. M. Cushing, Chicago.

Fecal Fistula. Earnest P. Mills, Ogden, Utah.

Gastro-Jejunostomies for Pre- or Post-Pyloric Ulcers: A Review of Twenty-five Cases. (Stereopticon.) Roy Upham, Brooklyn, N. Y.

Medical Education. Howard R. Chislett, Chicago.

Causes of Juvenile Delinquency Requiring Surgery.
Elizabeth H. Muncie, Brooklyn, N. Y.

Differential Diagnosis of Carcinoma of the Uterus.
Wm. A. Humphrey, Columbus, O.

Abdominal Tumors. John L. Peck, Scranton, Pa.

Report on a Series of Nephrectomies. Leon T. Ashcraft, Philadelphia.

Carnotite-American Source of Radium. E. Stillman Bailey, Chicago.
Treatment of Postoperative Abdominal Pains.
George R. Southwick, Boston.
Modern Advances in Rœntgen Diagnosis. C. W. Perkins, New York.
Pruritus Ani: A Positive Cure. O. R. Von Bonnewitz, New York.
Tumors of the Colon. B. A. McBurney, Chicago.
Perforations of the Abdominal Viscera. L. K. Maxwell, Toledo, O.
Intestinal Stasis: Modern Surgical Aspects.
A. E. Booth, Minneapolis, Minn.
Operations on the Thymus Gland. N. T. B. Nobles, Cleveland.
Iodin in Papillary Tuberculous Involvement of the Peritoneum: Presentation of an Improved Trocar. J. H. Fobes, New York.
Acidosis and Post-Anesthetic Vomiting. T. D. Buchanan, New York.
The Place of the Adrenal Glands in Surgery.
De Witt G. Wilcox, Boston.
Local Anesthesia as a Routine Procedure. Hugh M. Beebe, Ann Arbor.

NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS.

Wednesday and Friday, 2:30 to 6:00 P. M., Rose Room.
Thursday, 8:30 to 10:30 P. M., Louis XVI.

President, Earnest P. Mills, Ogden, Utah.
First Vice-President, Laura J. Brown, Lincoln, Neb.
Second Vice-President, E. C. Williams, Hot Springs, Va.
Secretary, Franklin F. Massey, Wernersville, Pa.
Treasurer, Alden E. Smith, Freeport, Ill.

Order of Business. Call to Order.

1. Reports of Officers.
2. Election of new members.
3. Appointment of committees.
4. Reports of committees.
5. Election of Officers.
6. New business.

President's Address. Earnest P. Mills.
Bureau of Electrotherapeutics. Emil H. Grubbé, Chairman.
Electricity in Eye Practice. W. Franklin Baker, Philadelphia.
Bureau of Radiotherapy. Wm. H. Dieffenbach, Chairman.
The Coolidge Tube in Rœntgen Therapy. Rollin H. Stevens, Detroit.
Causes of Opposition to Radium Therapy.
John W. Lee, Rochester, N. Y.
Color Photography: Its Application and Value in Medicine and Surgery; Demonstration of Colored Plates.
Wm. H. Dieffenbach, New York.
Bureau of Kinesitherapy. Laura J. Brown, Chairman.
Skeletal Diagnosis and Adjustments. G. H. Patchen, New York.
The Spine and Its Relation to Health. John A. Fisher, Philadelphia;
Muscles and Ligaments of the Vertebrae: Their relation to disease.
Harlan P. Cole, New York.

Subject to be announced. Laura J. Brown, Lincoln, Neb.

Bureau of Hydro and Phototherapy. A. E. Smith, Chairman.

The Use of Water in Nephritis. Clifford Mitchell, Chicago.

Discussion: Mary E. Hanks, Chicago.

Water as a Therapeutic Agent. A. E. Smith, Freeport, Ill.

Bureau of Dietetics. Clara E. Gary, Chairman.

Food as a Cause of Disease. John Preston Sutherland, Boston.

Is Cancer a Preventable Disease? Horace Packard, Boston.

Diet in Chronic Cardiac Disease. G. Carroll Smith, Boston.

Diet in Middle Life and Old Age.

Edward Beecher Hooker, Hartford, Conn.

Diet in Diabetes Mellitus. Clifford Mitchell, Chicago.

What We May Expect from Diet in Ulcer of the Stomach.

J. Arnold Rockwell, Cambridge, Mass.

The Inadequacy of Caloric Values. Allen Winter Rowe, Boston.

Pre-operative and Postoperative Diet. Elmer E. Vaughan, Chicago.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL, OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

President, Dean W. Myers, Ann Arbor, Mich.
First Vice-President, M. A. Barndt, Long Beach, Cal.
Second Vice-President, F. C. Sage, Waterloo, Ia.
Secretary, I. O. Denman, Toledo, Ohio.
Treasurer, Wm. M. Muncy, Providence, R. I.

Tuesday, June 29, 1915.

10 A. M. Opening.

President's Address.

Business Session.

Fusion: An Important Factor in Ocular Efficiency.

George A. Shepard, New York City.

Pupillae. A Simplified Operation for Making an Artificial Pupil in Seclusion.

Philip Rice, San Francisco, Cal.

Hemiamopsia. Grant S. Peck, Denver, Colo.

Tuesday, June 29, 1915.
Second Session—2:00 P. M.

Some Experiments With Light and Artificial Illuminants With Reference to the Clinical Use of Tinted Glass.

E. J. Bissell, Rochester, N. Y.

Remarks About Cataracts. C. G. Fellows, Chicago, Ill.

A Case of Soft Cataract: Extraction of the Capsule.

G. N. Seidlitz, St. Louis, Mo.

Some Observations on Ophthalmic Teachings.

I. D. Metzger, Pittsburgh, Pa.

Home Versus the Hospital in Some Eye Maladies.
H. W. Champlin, Towanda, Pa.
Glioma of the Retina: Report of a Case.
Jos. E. Sternberg, Boston, Mass.
The Treatment of Keratitis and Its Sequelae by High Frequency.
W. E. Boynton, Chicago, Ill.

Tuesday, June 29, 1915.
Third Session—8:00 P. M.

Wood Alcohol Amblyopia: A Case. Jas. A. Campbell, St. Louis, Mo.
Value of Proper Care of Eyes During Childhood and Adolescence.
R. G. Reed, Cincinnati, O.
Accidental Cyclodialysis. D. W. Weaver, Greenburg, Ind.
Demonstration of Ophthalmotrope. Geo. A. Suffa, Boston, Mass.

Wednesday, June 30, 1915.
First Session—10:00 A. M.

A Rare Case of Bilateral Cerebellar Abscess With Presentation of the Patient. Burton Haseltine, Chicago.
A Middle Ear Case With Complications. W. B. Kreider, Goshen, Ind.
Word Deafness: Two Cases. E. D. Brooks, Kalamazoo, Mich.

Wednesday, June 30, 1915.
Second Session—2:00 P. M.

The Clinical Value of Labyrinth Tests. Geo. Mackenzie, Philadelphia.
(Title Later). R. I. Lloyd, Brooklyn, N. Y.
Results of Tonsil Operations. J. M. Patterson, Kansas City, Mo.
The Lingual Tonsil in Relation to the Singing Voice.
T. D. Shearer, Baltimore, Md.

Wednesday, June 30, 1915.
Third Session—8:00 P. M.

Applied Anatomy of the Temporal Bone, With Lantern Demonstrations. G. J. Palen, Philadelphia.
The Comparative Anatomy of the Eye. Lantern Demonstrations.
T. M. Stewart, Cincinnati, O.

Thursday, July 1, 1915.
First Session—10:00 A. M.

Head Hemorrhages. Fred C. Sage, Waterloo, Iowa.
Cancer of the Maxillary Sinus With Illustrative Cases.
Geo. B. Rice, Boston, Mass.
Sinus Rœntography. H. M. Beebe, Milwaukee, Wis.
The Ocular Symptoms of Multiple Sclerosis. Report of a Case.
F. O. Nagle, Philadelphia, Pa.

Thursday, July 1, 1915.
Second Session—2:00 P. M.

The Relation of Nasal Diseases to Headache. E. Jones, Boston, Mass.
An Improved Submucous Operation. F. B. Kellogg, Los Angeles.
A Review of Cleft Palate Operations. C. C. Collier, Chicago, Ill.
Glaucoma: A New Theory as to Its Cause and Pathology.
C. A. Harkness, Chicago, Ill.
Demonstration of My New Conception of the Ocular Movements.
E. J. George, Chicago, Ill.

Thursday, July 1, 1915.
Third Session—8:00 P. M.

Report of the Bureau on Original Research.
Geo. W. McDowell, Chairman.
Smoker.

Friday, July 2, 1915.

First Session—10:00 A .M.

Business Meeting.
The Accessory Nasal Sinuses: Their Anatomical and Pathological Significance. J. I. Dowling, Albany, N. Y.
Case Reports.

Friday, July 2, 1915.

Second Session—2:00 P. M.

Clinic.
Cook County Hospital.
Conducted by the Regular Staff.

A Request for a Bureau of Fundamental Sciences. It is incumbent and even mandatory upon the homœopathic colleges to graduate men of the highest proficiency and efficiency. This is for the honor of homœopathy and the perpetuation of our branch of the profession. This can be done, however, only by the consistent and loyal support of the profession in general, the Institute and the alumni of the various colleges. If we are to keep our educational institutions independent, we must be independent, not only in homœopathy as a science and art, but in the fundamental and correlated sciences and arts.—*Ford, Homœopathy and the Medical Sciences, J. A. I. H., June, 1914.*

HAHNEMANN MONUMENT

Scott Circle, Washington, D. C.

American Institute of Homœopathy

TRANSACTIONS

OF THE

SEVENTIETH SESSION

HELD IN

ATLANTIC CITY

JUNE 28—JULY 4, 1914

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INSTITUTE JOURNAL, VOL. VII

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CHICAGO, ILLINOIS, U. S. A.
1915

Authorized Definitions

Regular Physician.—A graduate of a regularly incorporated medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides.

President John W. Dowling, M. D.
(Transactions of 1881, pp. 23, 68 and 71)

Homœopathic Physician.—A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right.

Secretary Eugene H. Porter, M. D.
(Transactions of 1899, pp. 57, 102)

In June, 1881, and in June, 1899, respectively, these definitions were ordered published conspicuously in the Transactions each year.

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MEDICINAL THERAPEUTICS

The cardinal principles of the method of treatment by symptom-similarity are as follows: 1st, Disease is manifested by symptoms. 2nd. The knowledge of the action of drugs must be learned from experimentation on the healthy human body. 3rd, The curative relation between disease and drug action is based on the method of symptom-similarity. *The similar remedy.* 4th, One drug should be given at a time. *The single remedy.* 5th, Remedies should be prescribed in the smallest dose that will cure. *The minimum dose.*

One drug should be given at a time, never in combination or alternation with another. We base our prescription upon the symptoms produced upon the healthy human body. When two or more drugs are proven singly we have absolutely no justification in combining or alternating them in the treatment of disease. We know nothing of the action of such combinations upon the healthy human body, and there is no foundation in fact for presuming that the symptoms of such a combination is the sum of the symptoms produced by their single provings. They may be very different. Drugs may be antagonistic or antidotal. We do not know which drug cures, thus no verifications can be recorded. Time is lost by such a practice. If a combination like chinium ars., hepar sulph., etc., is proven as such, it is considered a single remedy. When a remedy only partially covers the case we administer such until the symptoms peculiar to it have disappeared. It is then discontinued and after a careful review another is prescribed. The second is said to be complementary to the first. It completes the cure commenced by another. Often one drug is all that is necessary, again a number of complementary remedies may be required.

Much misunderstanding exists regarding dose. The actual size has nothing to do with the principle of symptom-similarity. *It is simply the smallest dose that will cause reaction.* This may be the tincture in one case and the 30th potency in another. Hahnemann at first gave large doses but caused marked aggravations before reaction took place. This led him to diminish the size of his dose until the primary action was so slight and of such short duration that it was not manifest to the patient's senses. He recommended that drugs be diluted or potentized in the following manner: The first potency was made by adding a given number of parts of the tincture to alcohol to make the power equal 1-100. This is succussed a number of times. Tinctures are of different strength and the proportion added must vary.—*D. E. S. Coleman, Med. Times, May, 1915.*

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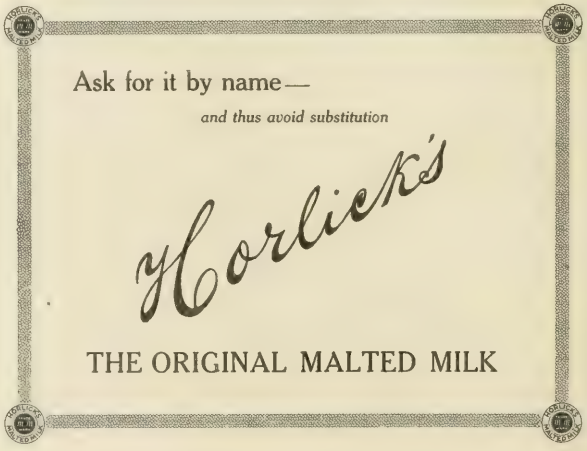

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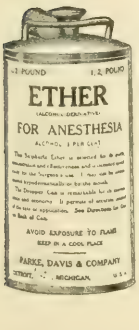

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Publisher's Department (continued)

SOME STARTLING FIGURES

It is a startling statement, recently made by Prof. Irving Fisher of Yale University, who is chairman of the reference hygiene board of the Life Extension Institute: Of 2,000 New York bank clerks subjected to physical examination only three per cent were found to be free from physical impairment or dangerous habits; although their average age is only 33 years, 13 per cent of these young men and women had hardening of the arteries, 5 per cent had organic heart disease, and 28 per cent had kidney disease. The institute is endeavoring to raise the average of human life by education along the lines of systematic periodical physical examinations, by which the individual may find his weak spots and by dieting, physical exercise, medical treatment or other forms of personal hygiene overcome these handicaps.

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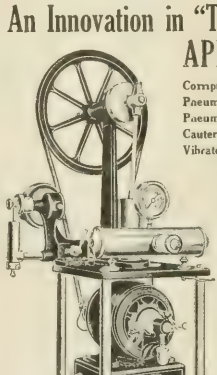

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Publisher's Department (continued)

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See page xxviii.

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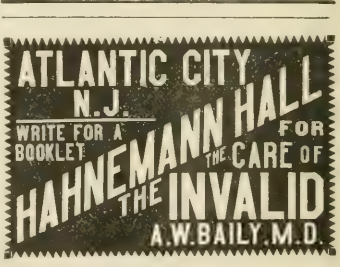

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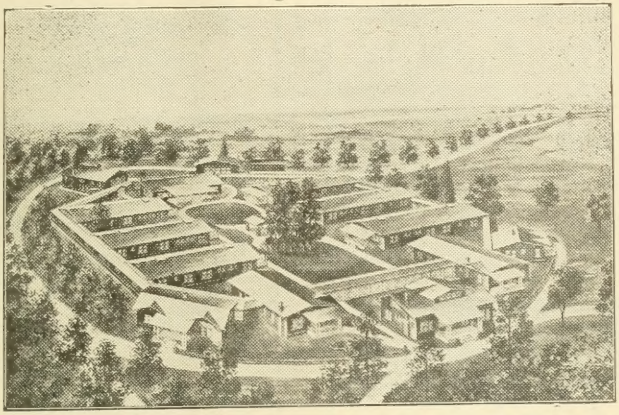

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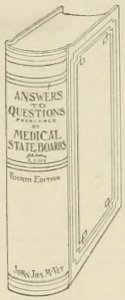

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